

## Anesthetic Procedure Consent Form

Client: \_\_\_\_\_

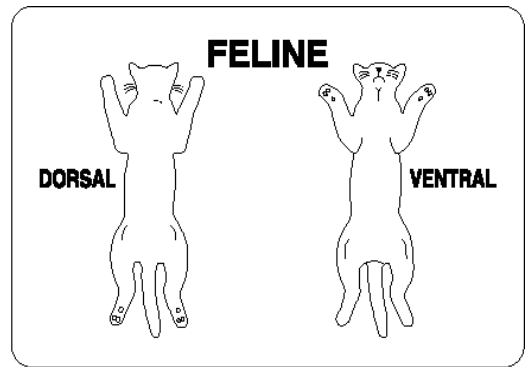
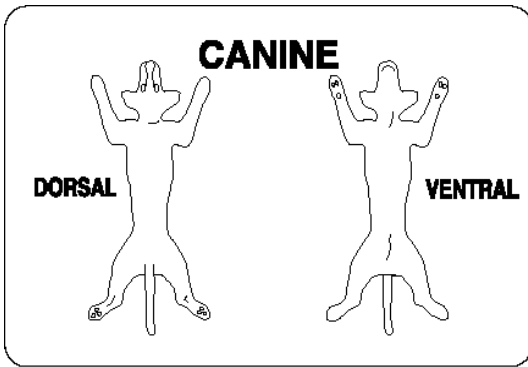
Patient: \_\_\_\_\_

Date: \_\_\_\_\_

Procedure: \_\_\_\_\_

Your pet is to be anesthetized today. Rest assured that advances in anesthesia and surgery have made routine procedures relatively safe with a low rate of complications. Occasional problems can arise due to pre-existing conditions not evident during routine examinations. To avoid these problems, all pets will be screened prior to anesthesia by means of a Blood Cell Count, Electrolyte Screen and Chemistry Profile to check liver and kidney function. You will be notified if any abnormalities are detected.

If we are **removing a growth or mass**, please circle below, all areas where the growths are present.



If your pet is having **surgery on a leg** today, please initial to confirm that we agree which leg will be operated on.

Initial to Agree: \_\_\_\_\_ Surgery is to be performed on:  left front leg  right front leg  left rear leg  right rear leg

**Please note any additional services that you would like us to perform while your pet is here:**

Home Again Microchip \$52.99  Other (vaccines, check ears, ect.): \_\_\_\_\_

Large Dogs: Palpate & X-ray Hips \$80

**Available for pets under 9 months of age:** Oravet is a dental sealant which can be applied to your pet's teeth while under anesthesia. The sealant effectively prevents future buildup of plaque when used in conjunction with Oravet Homecare. This can be applied following a light scaling and polishing of the teeth. There is an additional fee of \$120, which includes the Homecare Kit.

**Yes** I would like my pet to receive an Oravet application while under anesthesia

*I hereby authorize Crown Veterinary Hospital to perform the above procedures. The nature and risks associated with such services have been described to me to my satisfaction and, while I expect all procedures to be completed to the best of the abilities of the professional staff, I realize that no guarantee can be made regarding the results or cure. I also authorize the hospital to provide veterinary service as required in the event of an emergency situation. I understand that I am financially responsible for all services rendered at the time of service. All animals must be free of external parasites (ex. ticks, fleas, etc.), or they will be treated at owner's expense.*

Signature of Owner/Agent: \_\_\_\_\_

Best Contact Information Today: 1. \_\_\_\_\_ 2. \_\_\_\_\_