

Surgical/ Anesthesia Consent Form

I am the owner (or owner agent) of _____.

My dog /cat is to have the following procedure performed today:

- Spay
- Neuter
- Dental Cleaning
- Declaw
- X-rays: _____
- Avid Microchip Implant
- Mass removal (All masses must be marked by owner personally-
Either by marker or by cutting away hair over the area)
- Other _____

I understand that my pet will be anesthetized for the procedure being performed as listed above. I understand that anesthesia and surgical procedures do involve some inherent risks, and that the veterinarians and staff of All Creatures Animal Clinic are trained to administer and monitor the anesthesia as safely as possible, as well as perform the necessary procedures.

*Pre-anesthetic blood work is advised prior to any anesthetic or surgical procedure.

_____ ***PCV/Total Protein** (\$20.00) - Required on all surgical or anesthetic patients.

_____ ***In-Hospital Profile**(\$56.00) is
_____ Advised on all surgical or anesthesia patients
Advised:_____/Declined:_____

_____ Required on all surgical/anesthetic patients over 4 yrs old.
Required:_____

_____ ***Current Heartworm Test** (\$35.00) is also required on all canines
6 months of age or older.

_____ Your pet will require a Heartworm Test today.

_____ Last Heartworm Test was performed:_____

These fees are in addition to the surgical fees.

Has your pet eaten today? Yes No

Authorized signature:_____ Date:_____

Emergency Contact Phone:_____

