



ADVICE

INFORMATION

CARE

SUPPORT

EXPERTISE

# Surgical / General Anaesthetic Consent Form

Owner's name

Address

Contact phone for today

Pet's name

Breed

Species

Sex

Age

- Castrate (Male)
- Spay (Female)
- Dental Scaling / Polish
- Other:
- Remove Dewclaws (Dog / front or rear)
- Ear Flush / Otic Exam
- Ultrasound
- Radiographs (x-rays)
- Endoscopy

### Has your pet recently had any of the following health concerns?

- Coughing
- Vomiting
- Diarrhoea
- Changes in appetite or water consumption
- Other:

### Does your pet need any other treatments today?

- Vaccination
- Anal Glands
- Microchip
- Heartworm Test
- Nail Clip
- Grooming
- Other:

Estimate of cost for surgery/procedure (including pre-anaesthetic blood test if required - see reverse for information)  
\$

I do hereby authorise Dr.

to perform a procedure requiring general anaesthesia on my animal. I am aware of the risks involved and release the veterinarian and the clinic from any legal and financial responsibilities arising from anaesthetic complications. I understand that the estimated cost of the procedure can change due to unforeseen circumstances that can arise during any procedure and agree to pay those costs.

Signature of Owner or Responsible Agent

Date

# Pre-anaesthetic Blood Test

**PLEASE READ CAREFULLY THE INFORMATION BELOW AND SIGN.**

Your pet is in the clinic today for anaesthesia/surgery, and we will perform a full physical examination on your pet before administering the anaesthesia. However, there are inherent risks to surgery and this is why we highly recommend a pre-anaesthetic blood test to be performed. This can reduce the risk and help us rule out any pre-existing internal problems that may not be evident physically, but could lead to serious complications.

Please perform the blood test you recommended prior to surgery on my pet. If abnormalities are found please call and inform me at the above number.

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Signature of Owner or Responsible Agent Date

I have decided NOT to have the pre-anaesthetic blood test performed at this time and request that you continue with the surgical procedure.

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Signature of Owner or Responsible Agent Date