

Anaesthesia/Procedure/Surgery Consent Form
BRING THIS WITH YOU ON THE DAY OF SURGERY

| | | | |
|--------------|------------------------------|-------------|--------------------|
| Client ID: | {ID} | Patient ID: | {PATIENTID} |
| Client Name: | {FULLNAME} | Name: | {NAME} |
| Address: | {ADDRESS1} | Species: | {SPECIES} |
| | {ADDRESS2} | Breed: | {BREED} |
| | {CITY}, {STATE} {POSTALCODE} | Sex: | {SEX} |
| Telephone: | {PHONENUMBER} | Color: | {COLOR} |
| | | Markings: | {MARKINGS} |
| | | Microchip: | {MICROCHIPID} |
| | | Birth Date: | {BIRTHDATE[SHORT]} |

Procedure: _____

Additional Procedures: _____

Nail Clip \$10.00
Ear Clean \$34-65
Hind Dew claw removal \$25.25 each
Deciduous Teeth Removal \$16.80 each
PROHEART (annual heartworm injection)

Estimation of costs: _____

Pre-anaesthetic blood testing

Your pet will be undergoing general anaesthesia plus a surgical procedure today. In order to recognise any underlying abnormalities, we recommend having a pre-surgical blood profile run on your animal. This consists of an ALT, ALP, CREA, GLUC, TP and BUN, which will check blood glucose, kidney and liver enzymes.

These blood tests will help us to assess the health status of your pet more completely and determine if there are any additional precautions we need to take before surgery. We highly recommend a blood profile for geriatric animals (animals over 7 years).

There is an **additional charge of \$95.55** for these blood tests. We hope you understand the need for these important tests.

I ACCEPT _____ I DECLINE _____ to have the pre-surgical blood work run today.
(Please initial beside).

Is your pet insured? Yes / No Which fund _____
Has your pet ever had a seizure? Yes/ No

EMERGENCY CONTACT NUMBER: _____

I hereby give permission for the above described procedures and estimated costs to be performed on the above mentioned animal.

Signature _____ PRINT NAME _____

{FULLNAME}

Date: _____