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## SURGICAL AND ANESTHETIC CONSENT FORM FOR CANINE PATIENTS

Owner's Name \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

As Owner (or Agent for the Owner), of the pet described above, I authorize Petersen Pet Hospital, P.C. to perform any diagnostic, therapeutic, anesthetic, emergency, and surgical procedures necessary for treating and maintaining my pet's health and well-being. While I expect all procedures to be performed to the best of the staff's abilities, I realize the hospital makes no guarantee or warrantee regarding the results. If my animal should injure itself, escape, fail to eat, become ill, or die, I won't hold Petersen Pet Hospital, P.C. and its employees responsible. I expect the hospital to use reasonable precautions to ensure my pet's safety, **and I agree to pay in full when the pet is discharged.**

I give my consent to Petersen Pet Hospital P.C. to perform the following procedures:

\_\_\_\_\_  
\_\_\_\_\_

**The combination of blood tests and/or vaccinations that we require for canine patients undergoing anesthesia are listed below:**

- Pre-anesthetic Blood Profile
- Heartworm Test
- Rabies and Distemper Vaccination

**If patient is 8 years of age or older then we will require an IV Catheter**

Like you, our greatest concern is the well-being of your pet. Before placing your pet under anesthesia, a veterinarian will perform a complete physical examination to identify any existing medical conditions that could complicate the procedure and compromise the health of your pet.

Because there is always the possibility a physical exam alone will not identify all of your pet's health problems, ***we require a pre-anesthetic profile (a combination of tests) for all animals if not performed within the last two months.*** The tests we require are similar to and equally important as those your own physician would run if you were to undergo anesthesia.

It is important to understand that a pre-anesthetic profile does not guarantee the absence of anesthetic complications. It may, however, greatly reduce the risk of complications as well as identify medical conditions that would require medical treatment in the future.

Please complete the required testing prior to administering anesthesia to my pet.  
(You have the choice of which level you would like us to perform)

**Please sign by one:**

BRIEF BLOOD PROFILE (signature) \_\_\_\_\_ Date \_\_\_\_\_

Brief Pre-anesthetic blood profile: ..... \$83.43  
(A Brief Evaluation of your pet's health – kidney function, liver function, red blood cell count (anemia),  
glucose level (diabetes/sugar) and protein levels (hydration))

COMPLETE BLOOD PROFILE (signature) \_\_\_\_\_ Date \_\_\_\_\_

(Strongly recommended for patients over 8 years of age)

Complete Pre-anesthetic blood profile: ..... \$153.47  
(An extensive evaluation of your pet's health – kidney function, liver function, thyroid function,  
complete blood count (anemia, infection, clotting), electrolytes, cholesterol and protein levels  
(hydration))

**Additional Treatments**

*While your pet is under anesthesia for the above procedure, we recommend that you consider additional services. **Please initial by the services you would like performed.***

Toe Nail Trim	_____	\$15.10
Toe Nail Trim with Dremel	_____	\$22.47
Microchip	_____	\$60.61
Extract Deciduous (Baby) Teeth	_____	\$22.78/tooth
Express Anal Glands	_____	\$25.66
Shave Mats	_____	\$22.33 - \$46.42

**Administration of Pain Medication**

*If your pet is experiencing any pain from the surgery and/or anesthesia, pain medication will be given at that time which will be an additional cost. This will be at the veterinarian's discretion.*

**Please be advised that any prices quoted pre-surgically by any representative of Petersen Pet Hospital, P.C. are estimates and actual charges may vary depending upon the individual situation. Payment is due at the time services are rendered.**

Method of Payment:  Cash  Visa  MasterCard  Discover  Care Credit

**Signature of Owner:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Your pet's surgery is scheduled for the morning of  
\_\_\_\_\_  
Please do not feed your pet after 10:00 p.m. on the night  
before surgery.