

Pet Name: _____

Owner/Agent Name: _____

Date of Procedure: _____

JERSEY VILLAGE ANIMAL HOSPITAL ANESTHETIC CONSENT FORM

Procedure: _____

The early stages of many disease processes are often asymptomatic, and a physical exam alone may not identify all of your pet’s health problems. Pre-anesthetic blood testing allows us to screen for hidden problems and can indicate chemical imbalances that could affect your pet under anesthesia. Testing can provide the doctor with valuable information regarding your pet’s health, thereby reducing the risk of anesthetic complications. In addition, the results of these tests will serve as reference values for future use should your pet become ill.

Jersey Village Animal Hospital strongly recommends pre-anesthetic blood testing for all animals undergoing anesthesia. For those patients 7 years of age and older, we recommend the General Profile. **All packages include an ECG.**

___ Mini Profile (CBC, platelet count, BUN, Total Protein) - **\$149.50**

___ Basic Profile (Mini Profile plus Creatinine, Glucose, and ALT/ALKP) - **\$174.50**

___ General Profile (Basic Profile plus albumin, amylase, calcium/phosphorous, cholesterol, and total bilirubin) - **\$199.50**

___ I have elected to refuse the recommended bloodwork at this time and request that you proceed with anesthesia. I assume full responsibility for my pet. I understand there are always potential risks when using anesthesia or performing surgery on an animal. I understand that it is against medical advice to decline pre-anesthetic diagnostic testing.

Pain Management – Your pet will receive an injection for pain during surgery, however, some procedures and some patients may require additional pain management once they go home.

___ Yes, I do request go home pain medications.

___ No, I do not request go home pain medications.

**** Go home medications are not optional for declaws.****

Additional Services – The following services can be performed while your pet is under anesthesia with no additional discomfort.

___ Microchip - **\$81.50**

In any situation, we want you to feel confident that your pet is receiving the best care possible. We will give you a follow-up call after your pet has recovered from the procedure to inform you of his/her condition.

Contact Number _____

I authorize the veterinarian(s) and staff at Jersey Village Animal Hospital to perform the above procedure(s). My questions have been answered to my satisfaction, and I understand that although all reasonable precautions and due care will be taken; there is always a potential risk with anesthesia and surgery. I accept these risks and authorize Jersey Village Animal Hospital to perform such treatment as deemed necessary. I assume financial responsibility for all charges incurred to patient.

**** These elective procedures are performed at an additional charge to the routine spay, neuter, dental, and declaw prices. ****

Owner/Agent Signature: _____ Date: _____