

Annandale Veterinary Clinic, P.A. Consent Form

Please read carefully and sign.

Owner's Name: _____ Client/Patient ID: _____

Pet's Name: _____ Species: _____ Sex: _____ Age: _____

I am the owner or agent for the owner of the above animal and have the authority to execute this consent.

Please list the procedure(s) your pet is having done: _____

I understand that during the performance of the above procedure(s), new conditions may be revealed that necessitate an extension of the above procedure(s). If further procedures are needed or problems are detected such as, but not limited to, ear infections, baby teeth, lumps, skin infections, umbilical hernias, etc. How do you want these procedures handled?

Please check one of the 2 options below.

If for some reason I am unavailable when you call:

- Do only what I have authorized. I understand my pet may need anesthesia again to complete the procedure.
- Perform whatever procedures are needed.

I can be contacted between 9am-2pm at this Phone Number: _____

Pre-Anesthetic Blood Screening

We recommend that your pet have pre-anesthetic blood testing that could reveal anemia, kidney, liver or other problems that could increase the anesthetic risk for your pet.

Blood Screening is optional for those under 8 years of age.

Animals 8 years of age and older are required to have this done.

Total cost for the testing would be: \$55.00

This price is in **addition** to the cost of your pet's surgery.

I Do: **I Do Not:** wish to have this testing done.

Pain Medication

Certain animals may be more painful after surgical procedures than others, and the Doctor may recommend that pain medications be given or sent home afterwards.

I Do: **I Do Not:** wish to have pain medication.

***For the safety of other pets in the clinic, if your pet is found to have fleas, we will treat your pet at your expense.**

I have read and understand this consent form. I have been advised as to the nature of the procedures and the risks involved with general anesthesia and realize that results cannot be guaranteed. I authorize the use of appropriate anesthetics and other medications. I also understand that payment in full is due at the time of any discharge unless prior arrangements have been made and noted here.

Signature: _____ Date: _____

Your pet is scheduled to have surgery on _____. He/She needs to be dropped off before 5 PM the evening before the procedure or between 7:30-8:30 AM the day of the procedure. If you choose to bring your pet the day of the procedure we ask that you take the food away at 6 PM the evening before and the water away at bedtime.

Cats are required to spend the night following surgery and can be picked up between 9 AM-5 PM the following day.

Dogs in most cases can go home between 4-5 PM the day of surgery if they sleep in the house. Otherwise they can spend the night at no extra charge.