



7136 E. County Line Road Highlands Ranch, CO 303-796-0800

Anesthesia/Surgery Consent Form

Owner's Name: _____ Animal's Name _____

Address: _____ Age ____ Male ____ Female ____

- 1) I hereby authorize Dr. _____ and whomever he/she designates as their assistants to perform the following procedure(s) or surgeries: _____
- 2) It has been explained to me that conditions may arise during the procedure whereby a different procedure or an additional procedure may need to be performed, and I authorize my veterinarian to do what he/she feels is needed and necessary.
- 3) I have been advised as to the nature of the procedures and the risks involved. I understand that complications including but not limited to infections, cardiac arrest, and death could result. I acknowledge that no guarantee has been made as to results or cure.

Pre-Anesthetic Blood Testing:

Like you, our greatest concern is the well being of your pet. Before putting your pet under anesthesia, we will perform a physical examination. However, many conditions, including disorders of the liver, kidneys and blood, may not be detected unless blood testing is performed. These tests are similar to those your own physician would run. Such tests are especially important before anesthesia. In addition, the results of these tests will serve as reference values for future use should your pet become ill. We strongly recommend that all patients receive a blood screen before such procedures. The blood screens can be performed and the results available the same day as the anesthesia.

____ **PROFILE #1 HEALTHY PATIENTS UNDER 2 YEARS OF AGE COST = \$110**

____ **PROFILE #2 HEALTHY PATIENTS 2-7 YEARS OF AGE COST = \$130**

____ **PROFILE #3 PATIENTS OVER 7 YEARS OF AGE OR PATIENTS WITH EXISTING MEDICAL CONDITIONS COST = \$169**

____ **YES**, I want my pet to have a **BLOOD SCREEN** performed prior to anesthetic administration.

____ **NO**, I decline this **BLOOD SCREEN**. I understand that there may be undiagnosed conditions which may complicate anesthetic procedures.

____ **YES**, I would like to have my pet's surgery performed with **LASER**.

____ **YES**, I would like to have my pet **MICRO-CHIPPED** while under anesthesia COST = \$57.99

Owner's Signature Date Phone number for today: _____