



Lytle Veterinary  
Clinic, Inc.

ANESTHETIC CONSENT FORM

Client \_\_\_\_\_

Date \_\_\_\_\_

Patient \_\_\_\_\_

Emergency Number \_\_\_\_\_

I, the owner or Authorized Agent of this pet, give permission for the following anesthesia and procedure(s). I understand that during the procedure(s), if unforeseen conditions may be revealed that necessitate an extension of the procedure(s) and may increase the overall costs. I consent to and authorize the performance of such techniques in the veterinarians' professional judgment.

\_\_\_\_ Spaying/Neutering: In the event that during the spaying procedure my pet is found to be pregnant, I agree that the procedure should continue to its finality.  Yes  No

\_\_\_\_ Dentistry \_\_\_\_ Declawing  Front Paws  All 4 Paws \_\_\_\_\_ Other

For an *added charge* would you like pain medication for your pet?.  Yes  No \_\_\_\_ pills \_\_\_\_ injection

I would like Pre Operative blood work done for *an additional charge*?  Yes  No

For an *added charge* would you like an E-collar for your pet?  Yes  No

**While your pet is under anesthesia, consider having these tests or procedures performed with no discomfort to your pet. *There is an additional charge for these tests and procedures.***

Microchip my pet     Heartworm Test     Fecal Exam     Ear Cleaning     Vaccinations

Feline Leukemia Test/FIV     Histopathology     Nail Trim     Anal Glands

If vaccinations are current please indicate Date \_\_\_\_\_ Place \_\_\_\_\_

Please indicate date of last external parasites treatment (Fleas, ticks, etc.) \_\_\_\_\_

All animals entering the hospital must be up-to-date on vaccinations and free of external parasites (Fleas, ticks, etc.) or they will be treated upon entry *at owner's expense.* \_\_\_\_\_

(Initials)

Gas anesthesia using Sevoflurane is also available for an additional \$175.00 charge. This is the safest anesthesia available and is recommended especially for geriatric or sick animals. Please notify personnel if you would like this anesthesia for your pet. \_\_\_\_\_

(Signature)

Although we do not anticipate it, but if the need should arise do you want us to perform CPR?  Yes  No

I have reviewed and understand what I have read in this document. I authorize the Lytle Veterinary Clinic, Inc. to proceed with the procedures I have indicated.

Signature \_\_\_\_\_

Date \_\_\_\_\_