



ANESTHETIC CONSENT FORM

Client

Physical Address

Patient

Emergency Number(s)

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** ____ **Other:** _____

Pre Operative blood work. (Doctor recommended - may incur additional charges.) Yes No

Because pain and vomiting is often a consequence of surgery we can give a cerenia injection to help with the nausea and oral pain medication to take home at an additional cost.
Cerenia (anti-nausea) Yes No _____ Oral Pain Medication Yes No _____

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)

Although we do not anticipate it if the need should arise do you want us to perform CPR? 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. Please check and initial next to each item.*

Microchip my pet _____ Heartworm Test _____ Fecal Exam _____ Nail Trim _____ Anal Glands _____

Vaccinations - Rabies / DHLPP / FEL VX _____ Ear Cleaning _____ Ear Mite test _____

Feline FIV _____ Feline Leukemia _____ Histopathology _____ Other _____
Test Test (send-off mass)

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 _____ Print Name _____ Date _____