Anesthesia Consent Form

Pet's Name:	Owner's Name:
Anesthetic Procedure to be performed:	
I, the undersigned owner or agent of the pet identified ab	ove, authorize the veterinarians at Sachse and/or Murphy veterinary hospitals to perform the sks exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns I efore procedures are initiated.
Pre-Anesthetic blood work (\$45-65) We offer pre-anesthetic blood work to help identify any a work, but it's mandatory for all pets over the age of 7.	reas that may be of concern for your pet during anesthesia. All animals will benefit from blood
	e any pre-existing health problems that can be identified with blood work that might adversely
No, I do not wish to have blood work performed on m	ıy pet.
Antibiotics/Pain Meds (price varies based on product In some situations, antibiotics and/or pain relievers may b	be indicated.
☐ Yes, I approve the dispensing of antibiotics and/or pa ☐ No, I do not approve the dispensing of antibiotics and	
Microchip (\$69, includes implant and 1 year registrati A microchip provides permanent identification of your pet	
Yes, I want a microchip No, I do not want a microchip	
Nail Trim (\$9-11) Sea, I would like my pet's nails trimmed.	No, I would not like my pet's nails trimmed.
anesthesia.	ed is critical to their overall health. This can easily be done while you pet is already under
 Yes, I would like to add a dental to today's procedure No, I would not like to add a dental to today's procedure 	
Cold Laser Therapy (\$10) The cold laser works to reduce inflammation at the surgio	cal site, which will in turn help reduce pain. It also increases blood flow to the site which will
help speed healing time.	_
Yes, I would like cold laser therapy	No, I would not like cold laser therapy
and/or should be removed. This included baby teeth that	
 Yes, I authorize x-rays of loose or compromised to Yes, I authorize full mouth x-rays (\$169.08) 	eth (\$69.18 first, \$54.54 each additional)
No, I do not authorize dental x-rays of any kind	
Yes, I authorize the removal of teeth (\$4/min) N	o, I do not authorize removal of teeth
made regarding the results that may be achieved. I under	e best abilities of the staff at this hospital, I understand that no guarantee or warranty has been erstand that prices quoted for such procedures are for non-complicated procedures and that any sume financial responsibility for all charges incurred and I consent release of medical

I have read and fully understand the terms and conditions set forth above.

Signature

information for the animal.

Date