

FIREHALL 4 ANIMAL HOSPITAL

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ANESTHETIC / SURGERY CONSENT FORM

Owner: _____ **Animal:** _____

Species: _____ **Breed:** _____

Pre-Anesthetic Blood Screening:

We strongly recommend pre-anesthetic blood screening to help insure the safety of your pet during anesthesia. Whereas there are always risks involved with anesthesia, these tests help us evaluate your pet's overall health and minimize these risks. These tests screen for anemia, liver and kidney problems, and blood sugar abnormalities. We recommend the following blood screen for you pet:

- General Pre-Anesthetic (pets < 5 years of age)- same day \$52.00
- Packed Cell Volume (PCV), Total Solids-same day \$12.00
- Geriatric Panel-1 day in advance \$97.50
- Feline Total Body Wellness Panel- 5-7 days in advance \$88.00

I do not want pre-anesthetic screening Blood work finished

I am the owner or agent of the above animal and have the authority to execute this consent: I hereby consent and authorize the performance of the following procedure(s) or operation(s)

Dentals: I understand that loose or diseased teeth may need to be extracted during my pets dental procedure and the veterinarian will use his/her discretion regarding this matter. I also understand that there will be an additional charge for this procedure. (\$5.00-\$10.00 per tooth)

All surgeries: Has your pet had anything to eat in the last 12 hours? Yes No

Microchip: Would you like your pet to have a microchip inserted while under anesthesia to aid in pet recovery if ever lost? (\$45.00) Yes No

I understand that my pet's leg will be shaved for placement of an IV catheter. This allows for safe and easy administration of drugs, as well as IV fluid therapy to help maintain blood pressure and hydration. This is an additional cost of \$50.00. You may decline this if you wish, however we recommend it highly for any invasive surgeries.

Accept **Decline**

All surgeries: Would you like Post-Operative Pain Medication to go home for your pet? (Price varies with the weight of the animal) Yes No

I also authorize the use of appropriate anesthetics, and I understand that hospital support personnel will be employed as deemed necessary by the veterinarian. I have been advised as to the nature of this procedure and the risks involved. I realize that results cannot be guaranteed. In such event that complications arise, I will not hold Firehall 4 Animal Hospital veterinarians or employees responsible.

Owner (or agents) signature

Date

Emergency phone number