

Bay City Veterinary Clinic
"Because We Care"

OHE/NEUTER/DECLAW SURGERY ANESTHESIA CONSENT FORM

OWNER: _____ **PATIENT:** _____
ADDRESS: _____ **CITY:** _____
EMERGENCY PHONE: _____

I, the undersigned, do hereby certify that I am the owner (Or duly authorized agent for the owner) of the animal described above, and that I do hereby give Bay City Veterinary Clinic doctors, agents, servants, and/or representatives full and complete authority to perform the surgical procedure described as: _____, and to perform any other procedure that, at their discretion, may be useful to promote the health of the above described pet, and I do hereby and by the presents forever release the said doctors, agents, servants, or representatives from any and all liability arising from said surgery on said animal.

Before administering the anesthesia, we will perform a full physical examination on your pet. We do recommend a pre-op mini-screen blood profile as well as a current heartworm test and Complete Blood Count on dogs having surgery. This will insure that your pet is in a low risk category during anesthesia by ruling out pre-existing internal problems that may not be evident physically. The latest in technology has enabled us to run blood chemistries within minutes in house, safely and accurately before anesthetic induction. **Pre anesthetic bloodwork is required on all pets 8 years and older.**

___ Please complete the **blood profile** prior to surgery at an additional cost of \$37.50.

___ Please complete the **heartworm test** prior to surgery at an additional cost of \$25.00.

___ Please complete the **CBC** test prior to surgery at an additional cost of \$37.00.

*If abnormalities are found that are believed to be life threatening to your pet we may reach you at (___)-___-___.

___ **I have decided to refuse** the recommended blood profile, heartworm test or CBC at this time and request that you proceed with the surgical procedure. I agree to hold Bay City Veterinary Clinic harmless if any complications develop as a result of the surgery.

I, the undersigned, understand that my cat/dog was not to eat or drink any water 10 hours prior to being anesthetized. I do not hold Bay City Veterinary Clinic responsible of any complications due to the consumption of food or water prior to surgery arise while my pet is under anesthesia.

I, understand the anesthesia used does offer some initial pain control at the time of surgery, but is short in duration, therefore a pain injection will be given to my pet at the time of surgery. I **DO/DO NOT** wish for my pet to receive a three day supply of optional post surgical pain meds available at an additional cost of \$20.00. **The post surgical pain meds are mandatory for all ear trims and feline declaws.**

All pets that are admitted for treatment must be current on all required vaccinations and will be checked for fleas and ticks. Vaccinations will be given and, if fleas/ticks are found, we will apply the appropriate product at owners expense to maintain a flea/tick free environment.

Signature of Owner/Agent _____ **Date** _____