

Anesthesia/Sedation Consent Form

<u>Owner Name:</u>	<u>Number you can be reached at:</u>
<u>Pet's Name:</u>	<u>Procedure:</u>

Has your pet been fasted?	YES	NO
Is your pet fully vaccinated?	YES	NO
If not, would you like your pet vaccinated?	YES	NO
Is your pet on any medication? If yes, what kind?	YES	NO
Is your pet experiencing any: vomiting/diarrhea/coughing/ sneezing/seizures?	YES	NO
If your pet has any retained baby teeth (deciduous teeth) would you like them removed? (cost \$10-20)	YES	NO
Has your female pet been in heat recently? If yes, when?	YES	NO
If your female pet is pregnant would you like to continue with the procedure?	YES	NO

Pre-Anesthetic Bloodwork allows us to **assess red and white blood cell numbers** as well as **functioning of the organs (liver & kidneys)** that metabolize the anesthetic drugs

Partial Panel \$85.92 +tax	Recommended for healthy animals under the age of 5	YES	NO
Comprehensive Panel \$109.99 +tax	Recommended for animals over the age of 5, <i>*mandatory over the age of 7*</i>	YES	NO

Intravenous Fluids help to **maintain normal blood pressure** during a procedure, allow faster metabolism of anesthetic drugs and **allow quick access to a vein in case of emergency**

Would you like your animal to have IV fluids during the procedure? \$55 +tax *Mandatory in animals over the age of 5*	YES	NO
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Risks associated with sedation, anesthesia and surgery have been explained to me. I understand the possible risk to anesthesia. I give the staff of Animal Health Clinic of Humboldt the permission to perform any necessary life supporting procedures within reason and accept the cost. I understand payment for all procedures is due at the time of discharge of my pet or that a deposit may be required.

ADDITIONAL FEES FOR THE TREATMENT OF FLEAS, TICKS, OR EAR MITES WILL APPLY.

Signature:	Date:
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