



**Animal Health Clinic of Humboldt**  
 626 2<sup>nd</sup> street, Humboldt SK  
 (306) 682-2583

Surgery/Anesthesia/Sedation Consent Form

<u>Owner's Name:</u>	<u>**Emergency Contact #:</u>
<u>Pet's Name:</u>	<u>Procedure:</u>

Has your pet been fasted?	YES	NO
Is your pet fully vaccinated?	YES	NO
If your pet is not fully vaccinated, would you like them to be vaccinated? <b>Cost \$38</b>	YES	NO
Is your pet on medication? If so what kind:	YES	NO
Is your pet experiencing any: vomiting,diarrhea,sneezing,coughing,seizures,itchy ears	YES	NO
Is your cat an inside or outside cat? (we will not trim nails if outside)	Inside	Outside
If your pet has any baby teeth (retained deciduous) would you like them removed? <b>Cost: \$20 per tooth</b>	YES	NO
Has your pet been in heat recently? If so when:	YES	NO
If your pet is pregnant would you wish to continue with procedure?	YES	NO
Would you like your pet microchipped while sedated? <b>Cost: \$30</b>	YES	NO

Pre-Anesthetic Bloodwork allows us to [assess red & white blood cells](#). It also tells us how [the liver and kidneys are functioning](#).

Partial Panel <b>\$92.12 + tax</b>	Recommended for healthy animals under the age of 5 years	YES	NO
Comprehensive panel <b>\$103.00 + tax</b>	Recommended for animals over 5 years, Mandatory for animals over 7 years	YES	NO

Intravenous Fluids help to maintain [normal blood pressure](#), [allow for faster metabolism of anesthetic drugs](#) and [quick emergency access to a vein if needed](#).

Would you like your animal on IV fluids during the procedure? <b>\$55 + tax</b>	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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