

Lake Air Animal Hospital

419 Lake Air Drive, Waco, Texas 76710

(254) 772-3520

Anesthesia/Surgery/Dental Consent Form

Date _____

Client Name: _____

Address: _____

Telephone Numbers (please include area code):

Home:(____)____ - _____ Work:(____)____ - _____

Cell:(____)____ - _____ Pager:(____)____ - _____

Pet Name: _____ Species: _____

Breed: _____ Sex: _____

Color: _____ Birth Date or Age: _____

Your pet will be undergoing general anesthesia plus a surgical/dental procedure today. In order to recognize any underlying abnormalities present, we require a pre-surgical blood profile to be run prior to anesthesia to determine blood glucose levels and internal organ function. These blood tests help us assess the health status of your pet more completely and determine if there are any additional precautions necessary before surgery. A general profile is required for geriatric animals (over 7 years) but is the most thorough for any pet. There is an increased risk with advancing age. Should a problem be detected, the procedure will be postponed and the condition treated.

There is an additional charge for these blood tests. We hope you understand the need for these important tests.

Pre-anesthetic profiles are recommended and run to insure the safety of your pet!

() For my pet's safety, do the general profile.

Pets seven years of age and older must have a general profile prior to anesthesia and surgery because of their age and the possibility of age related physiological

changes which may affect their ability to safely undergo anesthesia.

I prefer the modified profile.

If this pet is a dog, is he/she on Heartworm preventative? Yes No

If yes, what kind? _____

If not, we must do a heartworm test. We do not give anesthetics to heartworm positive pets for safety reasons. Heartworms compromise the function of an animal's heart and lungs, often severely, and can cause death.

I authorize the following surgical procedures:

Many pets also have dental problems that may be treated and corrected at the time of anesthesia for another procedure. Combining a surgery with dentistry prevents the need for another anesthetic and is safe for your pet. Relieving the pain and infection associated with dental and gum disease is a major priority for each of our patients.

I authorize a dental if my pet's teeth need cleaning. Yes No

If additional dentistry, such as extracting teeth or filling cavities, is required, these procedures are done at an additional charge. After assessing the dental needs of your pet, we will contact you with an estimate should other work be necessary.

Because of the pain associated with surgery and dentistry, we will give an injection to provide relief of that pain during or after these procedures.

Pet loss through theft or escape from home or car is a very real, frequent and traumatizing occurrence. Should this happen, how could you and your pet be reunited? Implantation of an identification chip beneath your pet's skin in the area of his/her shoulders is the most reliable method of recovery today.

I would like a Home Again Identification Chip for my pet! Yes No

Would you like us to:

Contact you at work or home.

Go ahead with whatever is needed.

Halt procedure.

The nature of such service has been described to me to my satisfaction and I realize that no guarantee nor warranty can ethically or professionally be made regarding the results or cure.

PROFESSIONAL FEES ARE TO BE PAID AT THE TIME SERVICES ARE PERFORMED

How will you be making payment today? **Sorry, we do not charge!**

Cash ___ Check ___ Visa ___ M/C ___ Discover ___ American Ex. ___

*** In admitting my pet(s) for diagnostics, treatment, or surgery, I authorize the veterinarians of Lake Air Animal Hospital, and their support staff, to administer such treatment and/or perform such diagnostic or surgical procedures as deemed necessary.**

*** No guarantee or assurance can be made as to the results that may be obtained.**

*** Further, I understand that a deposit of 50% is required before services are performed and I assume full financial responsibility for all charges incurred by my pet. I realize that these charges may exceed a given estimate if complications arise. I understand that I will be contacted prior to treatment, if possible, should complications occur.**

*** I understand that I am personally financially responsible for all services rendered by the doctors and staff of Lake Air Animal Hospital and that payment is due on the date of the anesthesia/surgery/dentistry.**

Signature: _____ Signature: _____

*** Issuers of bad checks and persons attempting theft of services will be prosecuted to the full extent of the law**