

Colonial Park Veterinary Hospital Inc.

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DOG ANESTHESIA CONSENT FORM

Owner _____ Pet's Name _____ Age _____ Date _____
Phone # Today _____ Procedure _____

Like you, our greatest concern is the well being of your pet. Your pet will be anesthetized today and because we know your pet is a valuable member of your family, we want the procedure to go as safely as possible. We use the latest in anesthetic and monitoring techniques, however, no procedure can be completely guaranteed.

We **highly recommend** a preanesthetic blood profile to help us place your pet in a low risk category. We recommend different blood screens depending on the age of your pet.

_____ YES Please run a preanesthetic screen recommended up to 4 years of age (2 tests). Cost \$36.00

_____ YES Please run a mini screen recommend 4- 8 years of age (6 tests). Cost \$48.75

_____ YES Please run a full survey recommended over 8 years of age (12 tests). Cost \$78.75

_____ NO I do not desire any blood tests run on my dog against medical advice.

Has your pet ever had any type of seizure activity? ____ yes ____ no

Is your pet current on heartworm preventative? _____ If yes, what type _____

Is your pet current on vaccinations? _____ If yes, where from _____

For complete care of your animal while under anesthesia we monitor blood pressure. If your pet's mean arterial pressure falls below 60, we will have to place an IV catheter and administer fluids to raise their blood pressure.

While your pet is sedated it is also an excellent time for us to perform other needed services. Is there any thing we can check for you?

If we are removing a growth or tumor from your pet do you want to have the tissue sent to the lab to check for cancer (Histopathology) ____ YES (\$64.60) ____ NO

I assume all financial responsibility for this animal. I understand there are always potential risks when using anesthesia or performing surgery on an animal. I understand there is a possibility of death with any anesthetic procedure.

Signature _____