

# KAY ANIMAL HOSPITAL

## Surgical/Anesthesia Consent Form

Owner's Name: \_\_\_\_\_

Breed : \_\_\_\_\_

Pet's Name : \_\_\_\_\_

Color : \_\_\_\_\_

Age/DOB : \_\_\_\_\_

Sex : \_\_\_\_\_

**Emergency Contact Number** \_\_\_\_\_

As the owner of agent of the owner of the above animal, I hereby give my consent to Kay Animal Hospital to perform the followings procedure(s):

1. \_\_\_\_\_

2. \_\_\_\_\_

I understand that during the performance of this procedure, unforeseen conditions may be revealed that necessitate an extension or variance in the procedure(s) set forth above. I expect Kay Animal Hospital to use reasonable care and judgment in performing the procedure(s). I am also aware that unforeseen events resulting from the procedure(s) will not relieve me from any obligation to all reasonable cost incurred regarding the animal.

### **Pre-anesthetic Blood Work is Recommended for ALL Patients...\$98.65**

*Pre-anesthetic blood work is required for all patients undergoing anesthesia that are over 6 years of age*

At Kay Animal Hospital our greatest concern is the well-being of your pet. Our hospital staff can perform and recommends pre-anesthetic blood work to maximize the safety of your pet. This blood work along with a full physical exam by our veterinarian(s) will allow our staff to minimize the risks for your pet while under anesthesia. Pre-anesthetic blood work can be used to detect life threatening conditions such as anemia, clotting disorders, dehydration, infection, kidney disease, liver disease, and many other conditions before undergoing the above procedure(s). Identification of a life-threatening condition prior to anesthesia may lead to our staff to making the necessary changes to your pet's anesthetic protocol or could cause us to postpone the procedure(s) until the condition is corrected.

\_\_\_\_\_ **Yes, I agree to the recommended pre-anesthetic blood work before today's procedure(s).**

\_\_\_\_\_ **No, I decline the recommended pre-anesthetic blood work prior to today's procedure(s).**

### **Prevention of Contagious Diseases**

**To prevent the spreading of contagious diseases or parasites, all pets are required to be current on core vaccinations, heartworm test, have a current negative intestinal parasite fecal exam prior to any elective procedures. I understand that I am responsible for the cost associated with any necessary vaccinations or parasitic treatments.**

Please Initial \_\_\_\_\_

### **MICROCHIP REQUEST**

Would you like for us to implant your pet with a microchip at the end of the above procedure(s) at the cost of **\$63.05?**

YES

NO

The nature of the procedure(s) and anesthetic risk including permanent neurologic dysfunction and death has been explained to me. I realize that results cannot be guaranteed. I have read and understand this consent form. By signing this form, I authorize the use of appropriate anesthetics and/or other medications.

**Signature of owner/agent** \_\_\_\_\_ **Date** \_\_\_\_\_

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