

# Animal Kingdom Veterinary Hospital

## Anesthesia/Surgical Consent

Pet's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

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

Procedure: \_\_\_\_\_

Medications: \_\_\_\_\_ Last Given: \_\_\_\_\_

Time of Last Food: \_\_\_\_\_ Any signs of illness: Y N Symptoms: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Number where you can be reached AT ALL TIMES**

By signing below, you understand that anesthesia is not without risk. To maximize the safety and well-being of your pet, please review the following information.

### Prior to placing your pet under anesthesia:

#### **Pets under 6 years of age:**

Dr. Highsmith **strongly recommends** a Pre-Anesthesia Screening to check the liver and kidney functions as well as your pet's blood clotting time. Cost is \$28.00.

Accept Decline Signature \_\_\_\_\_

#### **Pets 6 years and older:**

Dr. Highsmith **strongly recommends** the Senior Wellness Panel prior to anesthesia. Otherwise, a Pre-Anesthesia

Screening is **REQUIRED**. Cost is \$28.00. Signature \_\_\_\_\_

**Pain Management Package:** This includes an injection of anti-inflammatory pain medication prior to surgery and four days worth of medication for after surgery. Cost is \$21 to \$36 depending on pet size.

Please initial: **Accept** \_\_\_\_\_ **Decline** \_\_\_\_\_

**FEMALE PATIENTS:** If your pet is pregnant, would you like us to proceed with spaying? Initial **Yes**\_\_\_\_ **No**\_\_\_\_  
(The entire cost of the surgery will be charged if NO is selected and pregnancy is not apparent until the incision is made and the uterus is examined. In this event, the incision will be closed with the uterus intact.)

**Microchip implantation** is available for permanent identification of your pet for a fee of \$42.00, which also includes the registration. Would you like this done today? Initial **Yes**\_\_\_\_ **No**\_\_\_\_

For an additional fee, I would like my pet to receive these services: Nail Trim Ear Cleaning Hygiene Trim

Express Anal Glands Extract baby teeth (must be done under anesthesia) Other \_\_\_\_\_

I accept financial responsibility for the above services to be performed as well as any other procedures deemed necessary for the well-being of my pet's treatment. Non-emergency procedures will be authorized by phone prior to performing the service. **I understand that my pet must be current on all vaccinations, and free of fleas and ticks prior to or during his/her hospitalization.** If necessary, vaccinations, exams, and/or flea and tick treatment will be given, and I am financially responsible. **I understand I may request an estimate of services.** Failure to receive an estimate does not release my financial responsibility for services rendered. I understand the following are the most common post-operative complications: incisional infection, and sutures pulling out, resulting in the incision opening. Any complications may require treatment at an additional expense.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date