

# Waggin' Wheel Vet Clinic

## Anesthesia Consent Form Please read carefully and sign.

Client Name: \_\_\_\_\_

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

Your pet is scheduled for anesthesia/surgery. The doctor will perform a physical exam on your pet, which is included in your surgery fee. There are infectious diseases which may result in blood clotting disorders and excessive post-surgical hemorrhage. Due to the high incidence of these diseases in this area, we will perform a complete blood count to screen for any abnormalities. We will also check the kidney and liver function to make sure your pet's system can tolerate anesthesia. The latest in technology enables us to run this bloodwork within minutes, safely and accurately before anesthetic induction. At Waggin' Wheel Vet Clinic, we are happy to have this technology available for you and your pet, as well as safe anesthetic agents. Some pets due to age or certain health conditions may need additional pre-surgical bloodwork. The following is recommended for your pet and will be billed to you unless you indicate otherwise below:

- Pre-anesthetic Profile** – CBC, ALT, BUN (white blood count, red blood count, platelet count (clotting factor), liver function and kidney function) for **\$49.50**
- I decline bloodwork being done, I understand there are risks associated to sedating a pet without it, And I agree to accept these risks.

### Dental Extractions

- Please proceed with any and all necessary extractions.
- Please contact prior to any extractions

We require an occult heartworm test prior to anesthesia for any dog not taking heartworm preventative. There is a \$23.00 charge for this service.

If your pet is found to be infested with fleas and /or ticks, it will be treated for them at your expense.

*You are to use all reasonable precaution against injury, escape, or death of my pet. I understand that anesthesia and surgery always involves some risk to my pet (such as unknown internal physical abnormalities, medication allergies, surgical complications, internal bleeding, shock, incision dehiscence, and post-surgical infections): and agree to hold you harmless, in the absence of negligence, in connection with these procedures. I acknowledge that no guarantee or assurance has been made to me as to the results that may be obtained. In the event complications arise and I cannot be immediately contacted at the below listed phone number, you are directed to make the decision you deem best for my pet. I agree to pay for services rendered.*

**I have read the foregoing, understand what is says, and agree.**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Phone number where I can reached today: \_\_\_\_\_