

Waggin' Wheel Vet Clinic Anesthesia Consent Form

Please read carefully and sign.

Client Name: _____

Pet's Name: _____

Your pet is scheduled for anesthesia/surgery. There are infectious diseases which may result in blood clotting disorders and excessive bleeding during and after surgery. Due to the high incidence of these diseases in this area, we recommend a complete blood count to screen for any abnormalities. We also recommend checking 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 in-house within minutes. We may recommend additional pre-surgical bloodwork for some pets due to age or certain health conditions. The following is recommended for your pet. **Please read and initial each section.**

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 (For patients undergoing dental procedures only)

Please proceed with any and all necessary extractions.

Please contact prior to any extractions

Anti-Nausea – Anesthesia can sometimes upset your animal's stomach. We recommend an injection that will help keep your pet's stomach settled and get them eating again sooner.

Yes, I would like an anti-nausea injection for my pet before surgery. Price varies based on your pet's weight.

No, I would not like an anti-nausea injection for my pet before surgery.

Therapy Laser – We recommend using the therapy laser after surgery to help the incision/dental extraction heal more quickly. **WE CANNOT OFFER THIS TREATMENT AFTER MASS REMOVAL**

Yes, I would like my pet's incision/dental extraction site treated with a single laser therapy treatment after surgery for **\$10.00**

No, I do not want my pet's incision/dental extraction site treated with laser therapy.

Pain Medicine - REQUIRED - Given after surgery to help control pain and to keep your pet comfortable during the recovery process. **Five days of pain meds are included in the price of spay and neuter only.** All other surgical and dental procedures will have meds quoted separately. Price varies based on the weight of your pet.

____ I understand that pain medicine is a vital part of my pet's treatment plan.

Heartworm Testing - Required

_____ We require an up to date heartworm test for any dog over 6 months of age going under anesthesia. There is a **\$24.00** charge for this service. (***Please Initial***)

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Fleas and Ticks - Required

_____ If your pet is found to be infested with fleas and /or ticks, it will be treated for them at your expense. Price varies based on your pet's weight. **(Please Initial)**

*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:** _____