



Doctor
Jason Robinson, DVM

Owner's Name _____
Patient's Name _____
Species _____
Breed _____
Sex _____
Date of Birth _____

ANESTHESIA AND SURGICAL CONSENT FORM

Procedures while anesthetized:

- Spay (female)
- Neuter (male)
- Declaw
- Radiographs
- Mass removal
- Dental cleaning
- Nail trim
- Anal gland expression
- Microchip
- Ear cleaning
- Other procedure: _____

The health and safety of _____ is our foremost concern. If _____ is to be anesthetized, rest assured that advances in anesthesia and surgery have made routine procedures relatively safe, with a low rate of complications. Nevertheless, occasional problems can arise due to pre-existing conditions not evident during routine pre-anesthetic examinations. **To avoid these problems we will run a pre-surgical blood panel before surgery to assess your pet's major organ functions.** (Refer to following estimate of costs) Depending upon the results we may adjust the dose or type of anesthetic used or advise delaying the surgery.

**** All animals admitted must be current on their vaccinations and free of external parasites. If not, the pet will be treated at the owner's expense****

DECLAWS: I understand that this is an elective surgery and is not required for the health and welfare of my pet. I will not hold Pet Health Center, the veterinarians, or hospital staff members liable for any complications that could arise during or after my pet's declaw surgery. No warranty or guarantee has been offered or given to me as to the results or cure afforded by these treatments or procedures. Complications and risks of surgery can include, but are not limited to, pain, bleeding, dehiscence, lameness, and/or paralysis. Pet Health Center provides the highest quality of anesthesia monitoring, and surgical services, but I understand the possibility of unforeseen complications that may occur during anesthetic, or surgical procedures. I acknowledge and understand the medical risks and recognize that the veterinarians and hospital staff will do everything necessary to minimize such risks. **PLEASE INITIAL:**

As the pet's owner, I authorize Pet Health Center to use all reasonable precaution against injury, escape or death of my pet. I understand that all anesthesia involves some risk to my pet, but you will not be held liable or responsible in any manner whatever or under circumstances in connection therewith as it is thoroughly understood that I assume all risks. I am encouraged to discuss any concerns I have about those risks with the hospital's medical staff prior to surgery. I have read the foregoing and agree.

The doctor/staff will need to contact you to discuss assessment, further treatment, estimate of costs, &/or to set up a discharge time.

Best time & phone number where you may be reached today: _____

Signature

Date