

**SHAWNEE ANIMAL CLINIC, INC**

Anesthesia/Surgery Consent Form  
12/5/2011

Client ID: TEST  
Client Name: PRACTICE SESSION  
Address: SMITH ROAD  
  
PORTSMOUTH, OH 45662  
Telephone: (740) 555-5555

Patient ID: 19525  
Name: DOG \*\* SENIOR  
Species: CANINE  
Breed: BEAGLE  
Sex: NEUTER  
Color: TRI COLOR  
Weight: 25 pounds  
Birth Date: 8/1/2002

Like you, our greatest concern is your pet's wellbeing. Your pet is here for anesthetic and surgery so a brief examination will be done prior to either. However, many conditions, including disorders of the **LIVER** and **KIDNEYS**, are not detected unless blood tests are done. Since these organs are responsible for filtering out the anesthetics used in most procedures, blood testing is especially important before any type of surgery. Our laboratory is fully equipped and staffed to perform these tests and results will be immediately available before either anesthetic or surgery is started.

**Pre-Anesthetic Bloodwork** \$41.50----->

Highly recommended before surgical procedures -OR- to get a baseline for comparison as pet ages. **Mandatory for pets 7yrs or older.** Highly recommended on pets over 5 yrs, even if apparently healthy, so a baseline can be established.

**Capped IV/Renal Perfusion** \$21.00-----> **Mandatory for pets 7 yrs or older or high risk patients.**

**Companion Laser Therapy** \$10.00----->

**Heartworm Testing (K-9)** \$22.50----->

**Triple Screen (Feline)** \$38.50----->

**Pain Medication Following Surgery** \$ 9.50-20.00----->

**Update Vaccines** \$20.00-\$59.00-->

**Microchip Implantation** \$46.50----->

❖ I have been advised that if I am consenting for my pet to be spayed and she **is in heat or pregnant**, there will be an additional charge of \$15.00, even if I am redeeming a "spay" coupon or certificate.

❖ In the event of my pets illness while in the care of SAC, or if any emergency situation should arise, I understand that SAC will make every attempt to contact me at the numbers I have provided to them. However, if after reasonable attempts to contact me are unsuccessful, I authorize SAC to do whatever is necessary for my pets well being.

❖ I have been advised as to the nature of the procedures to be performed and I understand that if anesthesia is to be used that there are **always risks involved**. I realize that no guarantee can ethically or professionally be made regarding the outcome. I understand that I assume financial responsibility for **ALL SERVICES RENDERED** and **that payment is due at the time of service. I understand my pet will be returned to my care at the time payment is received in full.** If for any reason it is necessary to pursue collections on any balance due, I, the client/pet owner, will be responsible for any and all collection fees and/or court costs incurred, in addition to any balance due at 18% interest.

❖ It is SAC recommendation to have your pet vaccinated at least 10-14 days prior to a "routine" admission, such as scheduled surgery or boarding. Again, this is not a guarantee against catching an airborne virus or bacterial infection, but it is the only tool that we, as an animal hospital, can offer. SAC will not be held responsible for any cost involved in treatment of this illness. All post operative cost are the responsibility of the client.

**Procedure(s) being performed**

**Emergency Ph#**

**Other Contact Ph#**

**Signature:**