

Anesthesia Consent Form

I, **owner** of _____ (cat's or dog's name) hereby **consent** to allow Dr. Dickler or any other doctor employed by American Heritage Animal Hospital, Inc. to administer anesthesia/sedation to my above named pet. In signing I am acknowledging that I understand that there are risks involved with any anesthetic episode and accept this risk for my pet without liability to American Heritage Animal Hospital, Inc. The doctors and staff of American Heritage Animal hospital, Inc. will take all necessary precautions to minimize these risks as much as possible.

Signature of Owner

Date

Phone # (today)

Pre-Anesthetic Lab Work: In order to minimize the risks of anesthesia, American Heritage Animal Hospital, Inc requires pre-anesthetic lab work.

Patients 0-12 months old - We require a packed cell volume and hematocrit check and ECG screening (\$29.12). I understand this test will be performed on my pet: please initial _____

Patients 1-4 years old – We require a Complete Blood Count and ECG screening (\$42.29). I understand this test will be performed on my pet: please initial _____

We recommend a young pre-anesthetic panel for both of these age groups – see below. I would like to have this test performed on my pet: _____ Yes _____ No

Patients 5-9 years old – We require a pre-anesthetic profile which tests the kidneys and liver as well as glucose and protein. It also checks electrolyte levels and a CBC and ECG (\$64.33). If you received a quote for surgery this may have already been included. I understand this test will be performed on my pet: please initial _____

Patients 10 years and older – We require a complete small animal profile which has more comprehensive liver tests as well as the kidneys, pancreas and protein as well as a complete CBC, electrolyte levels and an ECG screening (\$122.82). This may have been included if you received a quote for surgery. I understand this test will be performed on my pet: please initial _____

All Cats- We recommend a FeLV/FIV test before any surgical procedure. Knowing the retrovirus status of your cat may change the way care for your cat during and after surgery.(\$58.25) Please Initial if you consent to have this test performed. _____

The more extensive profile is available for younger animals as well. If you would like this test performed please initial above.

Surgical Pain Relief:

See Attached

Additional Procedures Available While Under Anesthesia:

I would like to have the following procedure(s) performed on my pet while he/she is under anesthesia:

Nail Trim (\$15.00) _____ Yes _____ No Dental Prophylaxis _____ Yes _____ No

MicroChip ID (\$49.99) _____ yes _____ No Ear Cleaning (\$18.75) _____ Yes _____ No

Flea Control:

All pets that have fleas when presented for surgery will be treated with topical flea control at the owner's expense. Initial _____