

BELLE HAVEN ANIMAL MEDICAL CENTRE

**Anesthesia/Surgical
CONSENT FORM**

Anesthesia is an extremely delicate procedure that we perform daily on our patients. Our patients are very similar physiologically and metabolically to humans. We have excellent monitoring equipment, but there is always a risk when undergoing any surgical procedure. To minimize this risk, pre-anesthetic bloodwork is **strongly** recommended, no matter how healthy a patient appears. The cost of bloodwork is **in addition** to that of the anesthetic procedure.

Please check the appropriate panel for your pet.

___ <6 months of age: we do not require bloodwork, unless the veterinarian decides otherwise.

___ 6 months to 3 years of age: CBC, Creatinine, Alt \$74.50

___ 3+ to 8 years of age: Mini Health Profile & CBC \$139.00

___ 9 years and older: Health Profile & CBC \$175.25

___ Bloodwork has already been done. Date: _____

A Microchip implant that is used to identify your pet in case he or she is lost.

I would like the microchip implant - *Homeagain (Domestic/International) \$72.00 Yes___ No___

I would like hip radiographs (Hip Dysplasia Screening) Yes___ No___

Last time my pet was fed _____

Some key points to make you aware of regarding your pet's surgical stay with us.

- **You can request an estimate at any time.**
- We use a laser for our surgical procedures to greatly reduce pain and discomfort for our patients.
- During spay / neuter procedures, any deciduous (baby) teeth present will be extracted.

(This will protect the adult teeth from malformation. It will also protect the adult teeth from decay and tartar buildup, which would form between the baby teeth and adult teeth. There is an additional charge ranging from \$21 to \$40 per tooth depending upon degree of difficulty.)

- We feel that managing your pet's pain is an important part of our commitment to your pet's health, as well as helping to heal more rapidly. During your pet's stay, pain relieving medication will be administered as necessary to assure that your pet is as comfortable as possible.
- Providing pain relief also means that additional medication may be dispensed for use at home.
- If your pet has a lump or growth to be evaluated, please use attached sheet to mark them on.

With my signature I acknowledge that I have been advised as to the nature / risks of the operation my pet will be undergoing. I realize that results cannot be guaranteed and understand that, during the operation, unforeseen conditions may necessitate an extension of the procedure different than originally set forth. The hospital will make every effort to consult with me prior to any necessary change. I also understand that someone with my authority will need to be **available throughout the day** so that the doctors can reach me if necessary. Therefore, I consent to and authorize the performance of today's procedure(s).

Signature: _____

Date: _____

Pet's Name: _____