

FAIRBANKS ANIMAL CLINIC
ANESTHETIC AND SURGICAL CONSENT
(Please call for pricing)

DATE: _____ **PET'S NAME:** _____ **OWNER:** _____

PHONE(S) WHERE YOU CAN BE REACHED TODAY: 1ST _____

2ND _____ **3RD** _____

Circle your pet's procedure(s): SPAY NEUTER DENTAL GROWTH REMOVAL OTHER _____

Circle your pet's health concerns: Heart Kidney Liver Seizures Diabetes Other _____

Current medications (dosage is not needed): _____

YES NO Has your pet eaten in the past 6 hours?

ANESTHESIA: Includes operating room and equipment fee, heat support, electronic monitoring, fluid support and appropriate pain management.

RECOMMENDED OPTIONS: Please indicate your choice by **circling** yes, no or call me

YES NO: BASIC PRE-ANESTHETIC BLOOD TESTING: Screens for hidden problems such as liver or kidney disease, diabetes, anemia, and abnormal blood counts.

YES NO: HISTOPATHOLOGY: Identifies a growth and determines if it is cancerous or benign.

YES NO: NAIL TRIM: ½ price while under anesthesia

YES NO: MICROCHIP: Helps re-unite you and your pet if your pet is lost

YES NO: SURGICAL LASER TREATMENT: Helps reduce inflammation and post-op swelling.

THIS SECTION IS FOR THOSE PETS HAVING DENTAL DPROCEDURES (CHOSE ONE)

1. _____ In addition to the cleaning, I authorize **ALL x-rays, extractions, periodontal treatments, and gingival tissue removal that the doctor deems necessary for the health of my pet.**

2. _____ I authorize **up to an additional \$** _____ (enter an amount for your budget)

Beyond this amount I wish to be consulted.

I understand that a physical exam is done on every animal that undergoes anesthesia. If your pet is current on its exam with our clinic, there is usually no charge or a simple recheck exam charge. If the pet is a new patient or not current, there will be an exam fee. Excessively dirty pets or pets that have fleas or ticks will be bathed and treated at owner's expense.

I realize that results cannot be guaranteed. I understand that anesthetic agents and surgical procedures carry a small but realistic possibility of side effects, such as bleeding, infection, blindness, nerve damage and DEATH. I give my consent for the doctor to perform any procedures necessary for my pet's health should unforeseen conditions arise. I also understand that I will be contacted as soon as possible if a complication arises.

SIGNATURE owner/agent _____ **Receptionist's Initials** _____