

Client Name:
Patient Name:

Anesthesia/Surgical Consent Form

I am the owner or agent for the owner of the above described animal and have the authority to execute this consent. I hereby give my consent and authorize the performance of the following procedures:

I authorize the use of appropriate anesthetics and other medication, and I understand that hospital support staff will be employed as deemed necessary by the veterinarian. I have been advised as to the nature of the procedures and the risks involved. I realize that results cannot be guaranteed.

Your pet will be undergoing general anesthesia plus a surgical procedure today. In order to recognize any underlying abnormalities your pet may have, we recommend having a pre-surgical blood profile run on your animal. This blood test will check kidney and liver enzymes. These blood tests will help us assess the health status of your pet more completely and determine if there are any additional precautions we need to take before surgery.

BAC requires a blood profile for geriatric animals (animals 8 years or older). THERE IS AN ADDITIONAL CHARGE OF \$63.50 FOR THIS BLOOD TEST. Therefore, Initial I DO _____ DO NOT _____ authorize the pre-surgical blood test to be completed.

BAC requires IV catheters for all animals undergoing surgical procedures regardless of age. The cost of this is \$22.50. Therefore, Initial I DO _____ authorize the IV catheter placement and administration.

Initial I DO _____ DO NOT _____ wish to have a histopath (biopsy) done on the mass removal for an additional fee of \$176.75.

Initial I DO _____ DO NOT _____ wish to have a microchip placed for an additional fee of \$53.00.

If your pet requires an Elizabethan Collar (e-collar) after their procedure I DO _____ have a properly fitting e-collar for my pet or I DO NOT _____ have one. There is an additional charge for an e-collar the cost ranges between \$10-\$25 dependent on the size and breed of your pet. I understand that if I do not purchase one here that my pet may still need the assistance of an e-collar in order for the surgical site to heal properly.

BAC provides pain meds to ensure a more comfortable recovery at an additional cost of \$23.50 (per animal)- This includes in hospital as well as dispensed medication. There will be an automatic charge of \$10.50 for in hospital pain medications.

**Initial _____
DAY TIME PHONE NUMBERS: _____**

Signature _____ DATE _____

*** Full payment is expected at time of services** As the owner/agent I assume responsibility for all charges incurred in the care of this animal. I understand that a surgery deposit may be required and that all other remaining charges are to be paid at the time of release and pick up of my pet. Should charges not be paid, BAC has the right to hold and board the animal at a cost of \$25.00 per day. Should further collection be required via attorney or collection agency, I understand and agree to pay all costs of such collection, including reasonable attorney fees. _____ Initial here.**

**Pick up will be in between 6:00pm and 6:30pm, or you will be called if the time will be any earlier
_____ Initial here.**

****I WAS GIVEN A COPY OF THE SURGICAL/DENTAL FAQ'S _____ Initial here.**