SURGICAL/ANESTHESIA CONSENT

Client Name	Pet Name	
P	rocedure	
is a risk to the animal receiving a such as grogginess, staggering, vo	I to have an anesthetic/surgical procedure. nesthesia. Some animals will experience comiting or diarrhea, loss of appetite and did are considered normal up to 24 hrs. post ly recover.	minor, short-term side effects iminished or excessive thirst.
respiratory or cardiac arrest, brain	eceiving anesthesia will experience more and damage or death. These outcomes are extry is never "completely safe", and even a roons.	xtremely rare, but need to be
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	Additional Recommendation	
Pre-surgical blood screen: Decl	ined/Approved and performed	d on
Teeth Cleaning: Extraction fees extensive the extraction.	are not included in your estimate. The pri	ices vary depending on how
If extractions are necessary do we	e have your permission? YES	NO
before extractions you must be a	NO **If yo vailable via phone. If we are unable to rea proceed with any necessary extractions.	ach you, we can not hold your
more effective to prevent pain p surgery, oral surgery/tooth extrac	or form anesthesia it is not always easy to toost-operatively. When moderate to severation, amputation/declawing) we will admit the medicine for the post op period.	re pain is expected (abdominal
lost or stolen. This procedure is a	ral System: This allows for permanent identification to painful but it is easier to perform on art to \$59.88. We microchip our own pets a	nesthetized animals, so today
May we microchip your pet while	e he is asleep? YES NO _	
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Inc. and all its agents are respons I hereby authorize the Animal Ho	understood it as it pertains to my pet. The ible to act with all reasonable precautions ospital of Richmond, Inc. and its agents to involved and accept responsibility for all	against injury, escape or death, perform the desired procedure.
Client Signature	DateEm	ergency Phone