

Surgery Consent Form For Animal Health Services (AHS)

Please Read Carefully and initial after each paragraph

CLIENT NAME _____ DATE _____

CHART NUMBER _____ PETS NAME _____

Anesthesia Consent Form

Like you, our greatest concern is the well being of your pet. AHS uses the safest anesthesia available, and reactions are rare, *but the use of any anesthetic agent always involves risks*. Before administering anesthesia to your pet, we will perform a full physical examination. We highly recommend blood screening before such procedures.

(_____)

A pre-anesthesia blood test may help detect health conditions such as disorders of the liver, kidneys, and/or blood. Our fully equipped lab will have the results immediately available before anesthesia and/or surgery. (_____)

I understand AHS cannot predict adverse anesthetic reactions and will hold AHS harmless in the event one occurs. (_____)

I am aware that anesthesia will be used on my pet. (_____)

PLEASE INDICATE YOUR CHOICE BY CHECKING THE APPROPRIATE RESPONSE BELOW.

_____ Yes, I want my pet to have a pre-anesthesia blood screen.

_____ No, I do not want my pet to have a pre-anesthesia blood screen.

Pain Management Consent Form

Effective control of patient discomfort and pain is a top priority at our hospital. Patients that receive pain medication are more comfortable and recover from procedures more smoothly and more quickly. Our doctors are strongly recommending pain management for your pet as a means of providing the most compassionate care possible.

(_____)

PLEASE INDICATE YOUR CHOICE BY CHECKING THE APPROPRIATE RESPONSE BELOW.

_____ Yes, I want pain management for my pet.

_____ No, I do not want pain management for my pet.

Signature _____ Date _____