

Surgery and Anesthesia Consent Form

1. **Pre-Anesthetic Blood Testing:** Like you, our greatest concern is the well-being of your pet. Performing blood tests can help to ensure a safer anesthesia for older pets AND can help detect some health problems before they become serious.
RECOMMENDED for all pets.
REQUIRED for pets 6 years or older, and in specific cases identified by your veterinarian.
 - YES, I want my pet to have pre-anesthetic blood testing. This is an additional fee.
 - NO, I do not want a pre-anesthetic blood test for my pet.

2. **Home Again Microchip:** To help insure that you receive your beloved lost pet back again as soon as possible, we recommend Home Again Microchips. It is convenient for you and painless for your pet when implanted while your pet is anesthetized for surgery.
 - YES, I want my pet to have a Home Again Microchip placed (\$47.00, which includes \$17.00 registration fee and we file paperwork for you!).
 - NO, I do not want a Home Again Microchip.

3. **Additional medical care I would like for my pet:**
 - Vaccines Updated
 - Parasite Screen (stool sample)
 - Check and Clean Ears
 - Anal Glands
 - Lumps, Bumps, Growths. Location: _____
 - Heartworm Test
 - Heartworm Preventative
 - Flea Preventative
 - Feline Leukemia Blood Test

Nail trims are a courtesy for our valued clients and patients.

4. For the health of all pets that visit our hospital, if your pet is found to have fleas while at our clinic for surgery or treatment, a Capstar flea pill will be administered (\$6.40).
5. For spays and neuters, prices are for routine surgeries. Additional charges apply for females in heat, pregnant or older than 1 year, and for males with undescended testicles.
6. **I authorize Northside Animal Hospital and its staff to sedate my pet and perform the procedures I have requested. I understand that while the anesthetic used in this hospital is one of the safest used in veterinary medicine, no surgery is without medical risk. No guarantee can be made legally or ethically to me regarding the outcome of any procedure.**

Pet's Name: _____ Date: _____
Signature: _____
Printed Name: _____

Telephone number(s) where we may reach you today: VERY IMPORTANT
Home: _____ Work: _____ Cell: _____