

CONSENT FORM

Client name: _____

Please indicate the best number where you can be reached today:

Pet's Name: _____ Procedure: _____

When did your pet(s) last eat? _____ Is your pet(s) taking any medications? _____

If yes, please list and time of last dose: _____

Are you interested in a permanent identification of your pet with the Homeagain Microchip?
To authorize placement of an **Homeagain Microchip** please initial here: _____

In addition to a thorough physical exam, we recommend a pre-anesthetic blood panel on all pets prior to anesthesia, but especially for patients over 5 years of age. Most anesthetic drugs are removed from the body by the liver and kidneys. Thus, it is important that these organs are working properly. We can run this blood panel in our hospital on the morning that the anesthesia is contemplated. If any of the test results are abnormal, your veterinarian will discuss the abnormalities with you and may decide to do one of the following:

- * Postpone anesthesia until a later date
- * Proceed with further testing to pursue a specific diagnosis
- * Proceed with anesthesia, possibly altering the anesthetic protocol and supportive procedures.

If all of the tests are normal, it does not guarantee that your pet will not have an adverse anesthetic reaction, but it does tell us that your pet's organ function is healthy placing it in a low risk category. If you have any questions regarding the blood panel or anesthesia, please ask and we will be happy to answer them.

To authorize the pre-anesthetic blood screening, please initial here: _____

To decline the pre-anesthetic blood screening, please initial here: _____

While in the hospital, please check my pet for the following (please give specifics):

I understand that during the performance of the procedures that I have authorized, unforeseen complications may arise that are beyond the veterinarian's or hospital's control. I hereby consent to and authorize actions as are necessary in the exercise of the veterinarian's professional judgment to address any such complications. **I also understand full payment is due upon discharge of my pet.**

Client Signature: _____ Date: _____ Staff initial: _____