

## PETCETERA ANIMAL CLINIC CONSENT FORM

I am the owner or agent for the owner of the above named animal & have the authority to execute this consent.

**I hereby consent to & authorize the performances of the following procedure(s):**

### Scheduled Procedures

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I understand that during the procedure of the above procedure(s), new conditions may be revealed that necessitate an extension of the above procedure(s). If further procedures are needed or problems are detected such as, but not limited to, ear infections, baby teeth, lumps, skin infections, umbilical hernias, etc. How would you want these procedures handled?

**Please check 1 or 2 of the options below:**

**1. Perform whatever procedures are needed,** if more major procedures are needed we will always try to contact you first. I can be contacted at this **PHONE #**

**2. Please call me.** If for some reason I am unavailable when you call:

**-Do only what I have authorized.** I understand my pet may need anesthesia again to complete the procedure.

**-Perform whatever procedures are needed.**

### Pre-Anesthetic Blood Screening (Optional)

The doctors recommend that your pet have pre-anesthetic blood testing done prior to surgery. This may reveal anemia, subclinical infection, parasite infestation, kidney disease, liver disease, diabetes or other organ abnormalities/problems that could increase the anesthetic risk for your pet.

\*If abnormalities are found, surgery may be cancelled/postponed until these problems can be managed or treated to provide the lowest anesthetic risk possible.

### IV FLUIDS (Optional)

Patients who are under anesthesia are at increased risk for low blood pressure during the procedure. Low blood pressure can be prevented by administration of intravenous fluids during surgical procedures.

### PAIN MEDICATIONS

Certain animals may be more painful after surgical procedures than others & the doctors recommends that pain medication be given or sent home afterwards. The fees vary according to your pet's weight.

I have been advised as to the nature of the procedures & the risks involved with general anesthesia and realize that results cannot be **guaranteed**.

I **authorize** the use of appropriate anesthetics & other medications & understand that hospital support personnel will be employed as deemed by the veterinarian.

**\*If your pet is found to have fleas, you will be charged for medications applied to your animal & all other exposed pets.\***

I have read and understand this consent form.

**I understand that payment in full is due at the time of discharge.**