

**Quality Pet Care, LLC**  
**Surgery and Anesthesia Consent Form**

Client's Name: \_\_\_\_\_ Phone Numbers: 1<sup>st</sup> \_\_\_\_\_

2<sup>nd</sup> \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

(Circle One)

Patient's Name: \_\_\_\_\_ Canine / Feline Breed: \_\_\_\_\_

Color(s): \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Male / Female Neutered / Spayed / Neither

When was the last time your pet had anything to eat or drink? \_\_\_\_\_

I certify that I am the owner or agent of the owner of the above-described animal and have the authority to execute this consent. I hereby authorize Quality Pet Care, LLC, and its veterinarians, including associate and relief veterinarians, and employees to perform the following procedure(s): \_\_\_\_\_ on (date) \_\_\_\_\_. I specifically authorize the performance of professionally accepted anesthetic procedures necessary for his animal's treatment. I also authorize the performance of such procedures as are necessary and desirable in the exercise of the Veterinarian's professional judgment. I further authorize the use of appropriate anesthetics. I certify that I have been advised as to the nature of the procedures and the risks involved in performing anesthesia to my pet and that results cannot be guaranteed. I certify that I have read and understand this authorization and consent.

Here at Quality Pet Care our greatest concern is the well-being of your pet. Before putting your pet under anesthesia we will do a physical exam. However, many conditions including disorders of the liver, kidneys, or blood are not detected unless blood testing is performed. **Pre-anesthetic bloodwork is REQUIRED for patients 7 years of age and older, and HIGHLY recommended for all other patients.**

**Please INITIAL ONE:**

\_\_\_\_\_ ACCEPT. I want my pet to have the pre-anesthetic blood screen. (\$49.00)

\_\_\_\_\_ DECLINE. I do not want my pet to have the pre-anesthetic blood screen. I understand there may be an increased risk while my pet is under anesthesia.

**Please read and initial ALL of the following statements:**

\_\_\_\_\_ I am aware that if my pet has any fleas, ticks, worms, or other parasites he/ she will be treated at my expense. This is to ensure the safety of all patients at Quality Pet Care.

\_\_\_\_\_ I understand that my pet must be up-to-date on all vaccinations in order to be admitted into the hospital.

\_\_\_\_\_ I understand that unless otherwise stated by the vet my pet must stay in the hospital over night.

**Would you like any additional services done while your pet is under anesthesia?**

\_\_\_\_\_ Nail Trim (\$15.00) \_\_\_\_\_ Ear Cleaning (\$15.95) \_\_\_\_\_ Pluck ear hair (\$13.50)

\_\_\_\_\_ Anal-gland Expression (\$19.75) \_\_\_\_\_ Sanitary shave (\$19.00)

\_\_\_\_\_ Dental (see Dental Consent Form for more info) Other: \_\_\_\_\_

**Would you like pain medication sent home with your pet? (Cost range \$4-\$12.50) CIRCLE: YES / NO**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_