

Town & Country Animal Clinic
1241 S. Houston Lake Road
Warner Robins, GA 31088
(478)-953-7297
Daniel W. Gentry, DVM

ANESTHESIA CONSENT FORM

Client _____ Patient _____ Date _____

Procedure(s) to be performed _____

PLEASE READ CAREFULLY AND SIGN

- While commonly performed, there are certain risks involved with the use of any anesthetic or surgical procedure. To help minimize these risks, we recommend performing pre-anesthetic blood testing to detect problems that may not be evident upon physical examination of your pet. These tests are similar to those your own physician would run if you were to undergo anesthesia. In addition, the results of these tests will serve as reference values for future use should your pet become ill. This profile consists of the follow 7 tests:

PCV (anemia test)	ALKP (liver function)	Total Protein
BUN (kidney function)	ALT (liver function)	Blood Glucose
Creatinine (kidney function)		

These tests are performed at a cost of **\$54.00** in addition to the normal fees for requested surgical and dental procedures. In high risk or older pets, we may insist these or more extensive tests be performed prior to anesthesia).

_____ Yes, please perform the recommended pre-anesthetic bloodwork.

_____ No, I decline the pre-anesthetic profile and wish only the procedure(s) requested to be performed.

If pet is infested with fleas or ticks, a treatment will be applied at owner's expense

- Also, we can permanently identify your pet with a Pet Linc Microchip Implant while he/she is at the clinic today. (Additional charge is **\$42**) Please ask one of our staff members for more information.

Microchip: Yes _____ No _____

While most procedures have a set fee and an expected positive outcome, certain procedures are difficult to estimate and will have charges consistent with time involved performing them. Please advise us if you need to discuss fees **before** procedures are done.

I give permission for Town & Country Animal Clinic to perform the agreed upon procedures(s) and release Dr. Gentry and his staff of any liability from unexpected injury or death of my pet resulting from these actions.

Signed _____
(Owner or authorized agent)

Phone number where you can be reached today: _____