

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

ANESTHESIA CONSENT FORM

Client

Patient

Date

Procedure(s) to be performed _____

PLEASE READ CAREFULLY AND SIGN

To minimize the risks associated with anesthesia, we recommend performing pre-anesthetic bloodwork prior to your pet's procedure. Many conditions may not be evident upon your pet's physical exam. Pre-anesthetic bloodwork will help ensure your pet can safely undergo anesthesia. Additionally, the results of these tests will serve as reference values should your pet become ill in the future. In high risk or older pets, we may recommend more extensive tests be performed prior to anesthesia.

____ \$68.00 (Young animals/short procedures) **PCV (anemia test)** **SAP (liver function)**
Blood Glucose **ALT (liver function)**
Total Protein **BUN/Creatinine (kidney function)**

____ \$192.00 (Older pets/long procedures) **Comprehensive Blood Chemistry Panel (15 tests)**
CBC (Complete Blood Count)
IV Catheter/ Fluids
(4 Electrolytes additional \$20.00)

____ **I DECLINE the blood work recommended for my pet today.**

We can permanently identify your pet by implanting a **Microchip** while he/she is at the clinic today. The fee includes lifetime registration. **\$42.00 : Yes _____ No _____**

*While most procedures have a set fee, the final cost of certain procedures is difficult to estimate. These will have charges consistent with the time involved. *** **Please advise us if you need to discuss fees before procedures are done.** ***

Our Vaccination Policy: To insure the protection of all pets under our care, the following vaccinations must have been given within the past 12 months for any surgical procedures or hospital stay:

DOGS: DA2PPV-CV (Distemper)
Rabies

CATS: FVRCP (Distemper)
Rabies

I give my permission for Town and Country Animal Clinic to update my pet(s') vaccinations in accordance with the above policy.

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: _____

**** Pets infested with fleas and/or ticks will be treated with prevention at owner's expense ****