

ANESTHESIA CONSENT
ALL CREATURES ANIMAL CLINIC, LTD.

Client Name: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Pet's Name: _____ Dog Cat Other: _____
Breed: _____ Color: _____ Date of Birth or Approx. Age: _____

REASON FOR TODAY'S VISIT

Surgeries: Spay Neuter Declaw Dental
 Other: _____

Tests: Heartworm Test Fel Leukemia Test FIV Test
 Chem Screen/CBC Thyroid Glucose

Canine Vaccinations:
 DHLPP Rabies Bordetella

Feline Vaccinations:
 FVRCP Rabies Feline Leukemia

Miscellaneous:
 Microchip Fecal Deworm
 Ear Mite Nail Trim

AUTHORIZATION

I am the owner or agent of the pet described above and I have the authority to execute this consent.

I authorize the above-named veterinarian and his staff to perform the treatment/procedure(s) described above. I have been informed of the reasons for the treatment/procedure(s) along with the expected benefits and risks involved.

I understand that there are certain risks to anesthesia that could involve serious bodily injury or death and that these are present in any procedure that requires a general or intravenous anesthetic. I consent to the use of anesthesia.

I also understand that treatment will be administered at my expense for external parasites (fleas and ticks) if they are found on my pet. This is necessary for the safety and comfort of all animals in clinic care.

Signature: _____ Date: _____

POST-SURGICAL PAIN MANAGEMENT

Each pet responds differently to pain. Animals don't always cry out, and they can't tell us when, where or how much something hurts. For this reason, it is our recommendation to provide your pet with a post-surgical pain prescription. Depending on the surgery performed, most prescriptions will be for 5 to 7 days. If you would like an estimate of cost, please ask your receptionist.

I accept/ decline the recommended post-surgical pain prescription.