



Tomoka Pines Veterinary Hospital
750 S Nova Rd. Ormond Beach FL 32174
386-672-3137

ANESTHESIA CONSENT FORM



OWNER'S NAME: _____ PATIENT: _____

ANESTHETIC/SURGICAL PROCEDURE: _____

PHONE NUMBER(S) WHERE I CAN BE REACHED TODAY: _____

PLEASE READ CAREFULLY & SIGN

I, the undersigned owner or agent of the pet identified, authorize the veterinarian(s) and staff of **Tomoka Pines Veterinary Hospital** to perform the above procedure(s). I understand that reasonable care and precautions will be taken in the performance of these procedures, but that there are some risks involved with any medical or anesthetic procedure and accept responsibility for those risks. I am encouraged to discuss any concerns I have before the procedure(s) is/are initiated.

It is our job to ensure that your pet can properly process and then eliminate the anesthetic he or she is given. That is why **ALL** of our anesthetic patients receive blood work, an IV catheter and IV fluids. Preanesthetic tests confirm that your pet's organs are functioning properly and can reveal any hidden conditions that could put your pet at risk. Fluid therapy helps to maintain blood pressure, as well as supporting healthy organ function.

PATHOLOGY REQUEST: **Yes:** Send tissue out to lab for Microscopic Evaluation (Additional Charges Apply)
 No: Do not send out.

☀ HOME AGAIN MICROCHIP ☀

Microchipping provides permanent identification of your pet should he/she become separated from you for any reason. We can microchip your pet today while he/she is under anesthesia. The cost for microchipping is an **additional \$52.99**. Please check yes or no and initial below:

YES, Please identify my pet with a Home Again Microchip **NO**, I do not wish my pet to be microchipped _____
(initial)

For the protection of all of our hospitalized patients: if your pet is found to have fleas, he/she will be treated at your expense (cost starting at \$10.00)

~~~~~DENTAL PROCEDURES~~~~~

Because we are able to perform a complete oral evaluation only **after** your pet has been anesthetized, unexpected underlying problems may be revealed during the routine cleaning, such as loose or fractured teeth. **If** this should be the case with your pet, how should they be handled?

- Perform whatever procedures are needed. _____(initial)
- Please call me before doing any additional procedures. _____(initial)
If for some reason I cannot be reached; Perform necessary procedures or Perform only what has been authorized.
- Do only what has been authorized. I understand that my pet will have to undergo another anesthetic event to complete the dental treatment. _____(initial)

I certify that I have read and understand this release, and furthermore I assume full financial responsibility for all charges related to the above procedures. I also understand that payment for all services is due in full at the time my pet is discharged.

Signature of Owner or Authorized Agent: _____

Date: _____

Name of person(s) authorized to pick up pet. If other than Owner: _____

Estimates can be provided upon request!