Sachse and Murphy Veterinary Hospitals

Anesthesia Consent Form

Owner's Name:	Pet's Name:	DOB:
Anesthetic Procedure to be performed:		
I, the undersigned owner or agent of the pet identification above indicated procedure(s). I understand that so have about those risks with the attending veterinari	me risks exist with anesthesia and/or surgery and t	
Pre-Anesthetic blood work (\$142.80 -1 60.47)		
We offer pre-anesthetic blood work to help identify work, but it's mandatory for all pets over the age		g anesthesia. All animals will benefit from blood
Yes, I would like to ensure that my pet does not affect the anesthesia.	t have any pre-existing health problems that can be	identified with blood work that might adversely
No, I do not wish to have blood work performed	on my pet.	
Antibiotics/Pain Meds (price varies based on print In some situations, antibiotics and/or pain relievers		
Yes, I approve the dispensing of antibiotics and	•	
No, I do not approve the dispensing of antibiotic		
Microchip (\$96.98, includes implant and 1 year r	registration with Home Again\	
A microchip provides permanent identification of yo		r theft.
Yes, I want a microchip No, I do not wan	· —	
Nail Trim (\$20.42)		
Yes, I would like my pet's nails trimmed.	No, I would not like my pet's nails trin	nmed.
Add a Dental Cleaning (\$90-\$135 plus add'l anes	sthesia time)	
Having your pet's teeth professionally scaled and p		asily be done while you pet is already under
anesthesia. Yes, I would like to add a dental to today's proc	odura	
No, I would not like to add a dental to today's proc		
Cold Laser Therapy (\$20.42) The cold laser works to reduce inflammation at the	surgical site, which will in turn help reduce pain. It	also increases blood flow to the site which will
help speed healing time.	No. I would not like cold locar thoran	,
Yes, I would like cold laser therapy	No, I would not like cold laser therapy	Y
For Dental Patients ONLY Dental Radiographs (x-ray) and Tooth Extraction	n	
During the course of a dental examination, our doct		promised and therefore may need digital x-rays
and/or should be removed. This included baby teet		
Yes, I authorize x-rays of loose or compromis		
☐ additional) Yes, I authorize full mouth x-rays ☐ No, I do not authorize dental x-rays of any kind	(\$203.99)	
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Yes, I authorize removal of teeth(\$6.90/min)	No, I do not authorize removal of teeth	
While I accept that all procedures will be performed made regarding the results that may be achieved. unforeseen complications may result in further cost information for the animal.	I understand that prices quoted for such procedures	s are for non-complicated procedures and that any
I have read and fully understand the terms and con	ditions set forth above.	
Signature:		Date:
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