Chosen Valley Veterinary Clinic
SURGERY AND ANESTHESIA CONSENT FORM

OWNER NAME: _____ DATE:_____

ADDRESS:_____ PHONE:_____

CITY, STATE_____ PETS NAME:_____

EMAIL: _____

SPECIES: _____ BREED: _____ SEX:_____

COLOR:_____ AGE:_____ WEIGHT:_____

PROCEDURES TO BE PERFORMED :_____

VACCINATIONS NEEDED: _____

PLEASE LIST ANYTHING ELSE WE CAN DO FOR YOUR PET TODAY:

_____

Anesthesia carries some risks therefore we always recommend blood work for all pets to check for pre-existing liver and kidney problems, anemia, and blood clotting disorders. **The pre-anesthetic bloodwork package includes: CBC, blood chemistry, and clotting times.**

CANINE: $88.00 FELINE: $78.00

I would like this option for my pet: YES_____ NO_____

Pain medications will be given to all declaws at the time of surgery. Pain medications for all other surgeries are strongly recommended but not required. An additional cost for pain medication will be charged on top of the surgery charge. The price will be determined based on the weight of the animal.

I would like this option for my pet: YES_____ NO_____

Medication to reduce nausea and vomiting during and after anesthesia is strongly recommended. An additional cost will be charged on top of the surgery charge. The price will be determined based on the weight of the animal.

I would like this option for my pet: YES_____ NO_____

HAS YOUR PET EATEN IN THE LAST 12 HOURS YES_____ NO_____

I understand that all anesthesia involves some minimal risk to my pet and therefore the doctors will not be held liable or responsible in any manner for the injury, escape, or death of my pet in connection with the procedure. I am encouraged to discuss any concern I have about the risks with the veterinarian before the procedure(s) is/are initiated.

_____

Signature of Owner or Agent Date