



# The Vet Clinic, Inc.

**Dr. Sara Cotter, DVM**

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Mtn. Home, AR 72653  
(870)425-0035

## Anesthesia / Surgical Consent

**Client Name:**

**Address:**

**Phone Number:**

**Patient Name:**

**Species:**

**Breed:**

**Sex:**

**Color:**

**Weight:**

Our greatest concern is the well-being of your pet, \_\_\_\_\_, especially during anesthesia. Because of this we use state-of-the-art monitoring equipment, the safest anesthetic available and our anesthetic assistants are the best trained anywhere. All of these precautions help to make our anesthesia very safe for the healthy pet.

Prior to anesthesia, our staff will obtain a complete history of your pet, and the veterinarian will perform a complete physical examination. These provide us with important information about your pet's health. It is impossible to understand the complete physiologic picture without performing blood tests. The blood tests we recommend are similar and equally important as those your own physician would run if you were to undergo anesthesia.

It is important to understand that performing these tests does not guarantee complications will not occur. They are important in minimizing the risk of anesthesia, and they provide you and us with peace of mind. They may also identify a medical condition that is not apparent by physical examination.

In some cases, abnormal blood tests will cause us to delay a surgical procedure and attempt to diagnose the medical problem causing the abnormal test. In many instances, these values will help us determine which pre-medication agents to use for your pet's safety and the need for additional medications after surgery. We can alter standard protocols based on your pet's particular values. If all of the tests are normal, we can proceed with a greater degree of confidence and we will have established an excellent set of baseline values to use for comparison should your pet become ill in the future.

I do not give my permission for the recommended pre-anesthetic blood tests at this time and request that you proceed with anesthesia. I understand that a medical condition may exist which would be impossible to identify during a physical examination alone. I understand that my pet's health could be at risk if such a condition goes undetected when my pet is placed under anesthesia.

If your pet does not have proof of a rabies vaccine given by a licensed veterinarian one will be given to your pet (\$16.00) at your expense. If your pet is not free of external parasites (fleas and ticks) we will treat your pet (up to \$26.00 depending on the weight of your pet) at your expense.

Spays please note: If your female is in heat, or pregnant, has excessive internal fat or excessive bleeding there will be a complication fee (normally \$35 or more).

Please ask clarification on any of the options.

I, the undersigned owner or agent of the pet identified above, authorize the staff of The Vet Clinic Inc. to perform the above procedure(s). I am the owner agent of \_\_\_\_\_. I have the authority to execute this consent, and I am over the age of 18. All charges shall be paid in full upon release of the animal. I understand that during the performance of the above procedure(s) or operations(s) unforeseen conditions may be revealed that necessitate an extension of the above procedures or operations different than those set forth. I hereby consent to and authorize the performance of such procedures (s) in the exercise of the veterinarian's professional judgment. I have been advised as to the nature of the procedure and risks involved. I realize that the results cannot be guaranteed.

Signature of Owner: \_\_\_\_\_

Date: \_\_\_\_\_

