

General Anesthesia Consent Form

Garden District Animal Hospital

Andrea Andersen, DVM

Owner's name: _____ **Phone Number:**

Name of Animal: _____ **Breed:**

Species: _____ **Sex:**

I, the undersigned, do hereby certify that I am the owner or duly authorized agent for the owner of the animal described above, and have the authority to execute this consent. I hereby authorize the performance of professionally accepted general anesthetic procedures necessary for its treatment.

I understand that support personnel will be used as deemed necessary by the veterinarian.

I have been advised as to the nature of the procedures and the risks involved in performing general anesthesia to the animal described above. I realize that results cannot be guaranteed.

I have read and understood this authorization and consent. I further understand that I assume financial responsibility for all services rendered.

_____ I **DO NOT** want pre-anesthesia lab work performed on my pet.

(I have been advised of the risks associated with general anesthesia. I am aware that the lab work can minimize those risks. I understand that outcome cannot be guaranteed.)

_____ I **DO** want pre-anesthesia bloodwork (please choose one of the following options:)

_____ Complete Blood Count/Chemistry Panel only **(\$95)**

_____ Complete Blood Count/Chemistry Panel/Coagulation Panel **(\$115)**

Microchip: We recommend microchipping pets while under anesthesia.. Anesthesia is not required for microchipping, but is preferred if possible.

_____ **YES**, microchip my pet while under anesthesia for an additional \$50 (this does not include the registration fee that will be paid to AVID)

NO, I do not want my pet microchipped at this time.

Signature of Owner or Agent

Date