

## **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 dully 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**