

General Anesthesia Consent Form

Garden District Animal Hospital

Andrea Andersen, DVM

Owner's name: _____ Pet's name: _____

Phone number: _____ Alternate phone number: _____

Species: Canine / Feline Breed: _____ Sex: M / F

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 the results cannot be guaranteed.

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

Signature of Owner or Agent _____ Date: _____

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.

_____ My pet is already microchipped.

Bloodwork: We will be running bloodwork in-house before administering anesthesia. This lab work will let us know about liver and kidney function that may affect our anesthetic protocol.

For Cats: For cats we recommend a proBNP test. This test will evaluate stress on the heart.

_____ YES, I would like a proBNP test in addition to the in-house bloodwork (additional cost is \$25)

_____ NO, I would not like the proBNP test at this time.