



# Capital Heights Veterinary Clinic

## GENERAL ANESTHESIA CONSENT FORM

Owner's Name \_\_\_\_\_ Animal's Name \_\_\_\_\_  
Address \_\_\_\_\_ Species: Dog / Cat Age \_\_\_\_\_  
Breed \_\_\_\_\_

Phone number where you can be reached today: \_\_\_\_\_

Procedure to be done this visit: \_\_\_\_\_

*I, the undersigned, do hereby certify that I am the owner, or the 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 anesthesia procedures necessary for the animal's 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 to be performed and of the risks involved with general anesthesia. Because the anesthesia agent is removed from the body by the liver and kidneys, it is important to know that these organs are functioning properly before administering the anesthesia. There is an additional charge of \$80.00 for the blood work.

### BLOOD WORK IS MANDATORY FOR ALL PETS 8 YEARS OF AGE AND OLDER.

PLEASE INITIAL: I accept the blood work \_\_\_\_\_ or I decline the blood work \_\_\_\_\_

While under anesthesia, it is an opportune time to do other procedures. I authorize the below procedures for my pet:

Ear Cleaning \$12.00 **Yes / No**

Nail Trim \$12.00 **Yes / No**

Other: \_\_\_\_\_

Please initial: I accept dental radiographs \_\_\_\_\_ or I decline dental radiographs \_\_\_\_\_

Growth Removal Location \_\_\_\_\_ Histopath (Additional Fee) **Yes/No**

It is also a perfect time to have a **microchip** implanted. These tiny devices are often the only way to bring your pet home. When a collar slips off, all identification is lost, but with the microchip, your pet can still be identified. The cost to implant a microchip is only \$60.00, which includes the implantation and Home Again's activation and membership fee. For your convenience after filling out the registration form, we will handle sending all paperwork and payment to Home Again for you. **Yes / No**

I have read and understand this authorization and consent. I further understand that I assume all financial responsibility for all services rendered and that payment is due at the time of release.

**Signature of Owner or Agent** \_\_\_\_\_ **Date:** \_\_\_\_\_