



**CHURCH STREET
ANIMAL HOSPITAL, P.C.**

711 CHURCH STREET
DECATUR, GEORGIA 30030

Telephone (404) 687-0711

ANESTHESIA/SURGERY/DENTAL/ANALGESIC CONSENT FORM

Please read carefully and sign.

Like you, our greatest concern is the wellbeing of your pet. Your pet is scheduled for anesthesia and/or surgery. Before putting your pet under anesthesia, we will perform a full physical examination. We also recommend that a pre-anesthetic blood profile be performed to maximize patient safety and alert the doctor to the presence of dehydration, anemia, infection, diabetes, and/or kidney or liver disease, which could complicate the procedure. These conditions may not be detected without a pre-anesthetic profile. These tests are similar to those your own physician would run if you were to undergo anesthesia. Our laboratory is equipped to perform these tests with the results immediately available for review by our veterinarians. In addition, the results of these tests may be useful if, at a later time, your pet's health changes. The results will serve as a baseline to develop faster, more accurate diagnoses and treatments.

____ PRE-ANESTHETIC Comprehensive Diagnostic Profile and CBC (Complete Blood Count) - Cost \$100.00
It includes: BUN (Kidney), ALP (Liver), Glucose (Sugar), Total Protein (Hydration), ALT (Liver), Creatinine (Kidney), Albumin (Protein), Phosphorous (Kidney), Calcium(Tumors), Total Bilirubin (Liver), Amylase (Pancreas), Sodium and Potassium. Complete Blood Count (Anemia, Infection, Clotting).

____ Bloodwork has already been performed

____ I DECLINE all pre-anesthetic bloodwork

2. I hereby consent to and authorize the performance of the following procedure(s) and/or operation(s):

3. While my pet is under anesthesia I would like to have one or more of the following procedures done:
Dentistry, Nail trim, Anal glands, Ear clean/pluck, Microchip. (Please circle and initial your requests). _____
*(*Please note there will be additional charges for these services.)*

4. I am the owner, or agent for the owner, of the below mentioned animal and have the authority to execute this consent.

5. I understand that unforeseen conditions may be revealed that necessitate a change in procedure(s) or operation(s) from those set forth above. Therefore, I hereby authorize the performance as necessary and desirable in the exercise of the veterinarian's judgment. The doctors will make every effort to contact you in the event of a change in procedure(s) or operation(s). Our routine surgical/dental procedures are usually done between the hours of 9:30 AM and 3:00 PM. However, please indicate where we can best reach you during the entire day of the procedure(s) or operation(s). If we cannot reach you at the numbers provided the doctors will use their best judgment for the welfare of your pet. Additional costs may and will be charged.

Name Phone Number Times

6. I hereby consent to and authorize the administration of analgesics (painkillers), as the doctor deems necessary for my pet.

7. I assume full financial responsibility for this animal.

8. I understand that there is always a potential risk during anesthetic, surgical and dental procedures.

Signature of Owner/Agent

Owner Patient Age Date