

KIMBROUGH ANIMAL HOSPITAL
SURGERY/ANESTHETIC CONSENT FORM
SPAY/NEUTER

PATIENT: _____ DATE: _____

I hereby certify that I am the owner or agent of the above named pet and have the authority to authorize the following procedure (s):

I also authorize the use of such anesthetic and/or mediations, as you deem advisable, in the performance of such surgical, diagnostic or therapeutic procedures. I realize the administration of any anesthetic agent carries a small, but realistic, possibility of side effects that may include death. I recognize the nature of the procedure (s) being performed and realize that certain risks and complications may be involved. I acknowledge that no guarantee or assurance has been made as to the results that may be obtained.

*****PREANESTHETIC BLOODWORK*****

Advances in anesthesia have made routine procedures relatively safe, with low incidence of complications. However, occasional problems can occur due to pre-existing conditions not evident during routine histories and physical examinations. To minimize problems, we recommend that your pet be screened prior to this procedure:

_____ **SPAY/NEUTER SURGERY PROFILE \$45.00**

This profile group evaluates kidney, blood glucose and a complete blood count. The kidneys play an important role in the breakdown of anesthetic drugs in the body. The level of glucose is important in making sure they have adequate energy storage to handle anesthetic drugs. The blood count evaluates red blood cells, which carry oxygen from the lungs to the body, platelets for clotting, and a white count for infection.

I WANT THIS TEST PERFORMED ON MY PET: YES NO (circle one)

*****ALL PETS THAT ARE 8 YEARS AND OLDER WILL BE PLACED ON A GERIATRIC LIFELINE DURING ALL SURGERY PROCEDURES FOR AN ADDED COST OF \$66.95*****

I agree to hold Kimbrough Animal Hospital harmless in the absence of negligence for untoward anesthetic complications.

Signature of owner/agent

Phone number (s) of owner/agent