## KIMBROUGH ANIMAL HOSPITAL

## SURGERY/ANESTHETIC CONSENT FORM

oe Robki / in Coo	TILLIO CONCENTI ORMI
PATIENT:	DATE:
I hereby certify that I am the owner or agent of the alfollowing procedure (s):	bove named pet and have the authority to authorize the
surgical, diagnostic or therapeutic procedures. I realize but realistic, possibility of side effects that may includ I recognize the nature of the procedure(s) being perfect involved. I acknowledge that no guarantee or assurant ***PREANESTH*	ormed and realize that certain risks and complications may be nee has been made as to the results that may be obtained.  ETIC BLOODWORK***
	existing conditions not evident during routine histories and commend that your pet be screened prior to this procedure:
SURGER	RY PROFILE \$97.35
liver and kidneys play an important role in the breakd important in making sure they have adequate energy s red blood cells, which carry oxygen from the lungs to infection. The urinalysis further evaluates kidney fund	• •
	DER WILL BE PLACED ON A GERIATRIC LIFELINE OURES FOR AN ADDED COST OF \$65.00***
***D	ENTALS***
teeth that cannot be saved and perform periodontal s made when your pet is under anesthesia. Frequent de work.	or pet with a healthy mouth as possible. We extract only the surgery on those we feel can be saved. This decision is best ental prophies and home care can help reduce costly dental WEEN \$175.00 AND \$400.00 OR MORE
I authorize the following procedures to be performed Dental Prophy (cleaning)  Extractions	l:
Please perform any extractions, x-rays or surg later.	gery necessary so that my pet will not need another anesthetic
Please contact me if any extractions or surger	y is necessary.
I agree to hold Kimbrough Animal Hospital harmless complications.	s in the absence of negligence for untoward anesthetic

Signature of owner/agent

Phone number(s) of owner/agent