

**Animal Medical Hospital  
At Glenwood, Inc.**

**General Surgery Consent Form**

Today's Date \_\_\_\_\_

Client's Name \_\_\_\_\_ Pet's Name \_\_\_\_\_

Purpose of Hospital Stay \_\_\_\_\_

Your pet is scheduled for the above procedure. This procedure involves general anesthesia. Although the doctors at Animal Medical Hospital at Glenwood utilize very safe anesthetic protocols and monitoring devices, there are inherent risks involved with any patient undergoing anesthesia. Before animals are anesthetized, a physical exam is performed to help identify health problems that could adversely affect how a patient performs under anesthesia. In order to decrease these risks further, we perform pre-anesthetic blood testing to help identify internal problems that may not be obvious on physical exam. In addition, an IV catheter can be placed prior to the procedure which will help to facilitate quick administration of emergency medications, if needed.

Many surgeries **require** pre-operative blood testing before general anesthesia. In the event that pre-operative blood testing is optional please indicate below what your preference is for your pet:

- \_\_\_\_\_ Perform a pre-surgical blood screen (recommended if less than 7 years old) (\$60.00)
- \_\_\_\_\_ Perform a comprehensive pre-surgery blood screen (**Required** on pets over 7 years if not done in last six weeks) (\$75.00)
- \_\_\_\_\_ I do not want pre-anesthesia blood testing if it is not required

**Microchip Identification**

While my pet is in the hospital today, I would like to have a Microchip implanted, which will greatly assist in identification, should my pet be lost or stolen. I understand that the procedure can be done in minutes, and lasts the lifetime of my pet. Please see us for an estimate on this procedure cost and pet registration cost. I understand that I will be responsible for registering my pet with the Companion Animal Recovery Database.

\_\_\_\_\_ Yes, please Microchip my pet      \_\_\_\_\_ No, please do not Microchip my pet

**Has your pet been fed this morning?**                      \_\_\_\_\_ Yes      \_\_\_\_\_ No

**An estimate of the cost of any procedures is typically provided to you. If you have not received one, and would like to have one, please do not hesitate to ask.**

I hereby authorize the use of such anesthetics you deem advisable for the performance of the above indicated procedures. I understand that the veterinarian does not occupy the building 24 hours a day, but does observe and care for the animals around the clock as needed. I agree to hold you harmless from and against any and all liability arising out of the performance of any procedures referred to above. I also understand that financial payments for said services are due when rendered.

**Clients Signature**

**Emergency Phone #**

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