Anesthesia Consent Form

Pet's Name:	Owner's Name:
	a, authorize the veterinarians at Sachse and/or Murphy veterinary hospitals to perform the exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns I be procedures are initiated.
work, but it's mandatory for all pets over the age of 7.	s that may be of concern for your pet during anesthesia. All animals will benefit from blood y pre-existing health problems that can be identified with blood work that might adversely et.
Antibiotics/Pain Meds (price varies based on product, per In some situations, antibiotics and/or pain relievers may be in Yes, I approve the dispensing of antibiotics and/or pain relievers may be in No, I do not approve the dispensing of antibiotics and/or	elievers.
Microchip (\$69, includes implant and 1 year registration with Home Again) A microchip provides permanent identification of your pet and aids in their safe return in case of loss or theft. Yes, I want a microchip No, I do not want a microchip My pet is already microchipped	
Nail Trim (\$9-11) Yes, I would like my pet's nails trimmed.	No, I would not like my pet's nails trimmed.
Add a Dental Cleaning (\$90-\$135 plus add'l anesthesia ti Having your pet's teeth professionally scaled and polished is anesthesia. Yes, I would like to add a dental to today's procedure No, I would not like to add a dental to today's procedure.	critical to their overall health. This can easily be done while you pet is already under
Cold Laser Therapy (\$10) The cold laser works to reduce inflammation at the surgical shelp speed healing time. Yes, I would like cold laser therapy	site, which will in turn help reduce pain. It also increases blood flow to the site which will No, I would not like cold laser therapy
For Dental Patients ONLY Dental Radiographs (x-ray) and Tooth Extraction During the course of a dental examination, our doctors may determine that some teeth have been compromised and therefore may need digital x-rays and/or should be removed. This included baby teeth that have not fallen out on their own. Yes, I authorize x-rays of loose or compromised teeth (\$69.18 first, \$54.54 each additional) Yes, I authorize full mouth x-rays (\$169.08)	
No, I do not authorize dental x-rays of any kind Yes, I authorize the removal of teeth (\$4/min) No, I	do not authorize removal of teeth
made regarding the results that may be achieved. I understa	est abilities of the staff at this hospital, I understand that no guarantee or warranty has been and that prices quoted for such procedures are for non-complicated procedures and that any ne financial responsibility for all charges incurred and I consent release of medical
I have read and fully understand the terms and conditions se	et forth above.
Signature	Date