

Loudoun Valley Animal Hospital

Surgical/Anesthesia Consent Form

22556 Amendola Terr. Suite 120
Ashburn, VA 20148
(571) 442 - 8767

Owner's Name: _____

Pet's Name: _____ **Age:** _____

Scheduled Procedure: _____ **Date:** _____

Drop Off Time: _____

I, the undersigned owner or agent of the owner of the pet identified above, certify that I am ____ I am not____ (check one) eighteen years of age or over and authorize the veterinarian(s) at this practice to perform the above procedures. I understand that some risks always exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure is initiated.

Is your pet on any supplements or medication? Please list all below.

Pre-Anesthetic Blood Testing: Our greatest concern is the well being of your pet. We will be using pulse Oximetry/ECG/BP/temperature to monitor your pet during surgery. This technology along with pre-anesthetic blood screening reduces many of the risks of surgery. Before putting your pet under anesthesia, we will perform pre-anesthetic blood work. Many conditions including disorders of the liver, kidneys and blood may not be detected unless blood testing is performed. For these reasons, the complete blood work is part of your surgery/anesthesia package. If any abnormalities are detected in the blood work the procedure will be postponed and you will only be charged for the blood work. The total costs of these tests are: \$ 150.00

Yes, I understand.

Microchipping: Permanent Home Again Micro-chipping is a very simple and safe way to permanently identify your pet. Because we at LVAH feel this is so important for you & your pet, we offer this at the rate of \$70.00.

Yes, I want Home Again Microchip No, I decline Home Again Microchip

Misc Services: While your pet is under anesthesia, we are able to perform many convenient procedures such as nail trims, general ear cleaning and/or vaccinations.

Y Yes, I want my pet's nails trimmed Yes, Clean my pets ears Yes, update vaccines

I, being responsible for the above animal, have the authority to grant you my consent to receive treatment, prescribe for and/or operate upon my pet as noted above. You are to use all responsible precautions against injury, escape or death of my pet, but you will not be held liable or responsible in any matter, as I thoroughly understand, and I assume all risks. I agree to pay for in full for the services rendered.

Client Signature _____ **Date** _____

In case of an emergency where can we reach you?

Phone _____ Cell _____