



Date: _____ Owners Name: _____

Pet's Name: _____ Phone Number Where You Can Be Reached: _____

Procedure: _____

****Though we are open seven days a week we are not a 24 hour care facility. There is a period of time overnight that your pet will be unattended. If you choose 24 hour care you may request transfer of your pet to the Animal Emergency Center during the night.****

Please review the following consent. If you have any questions please ask the exam room technician or your doctor.

CONSENT FOR ANESTHESIA AND DENTISTRY

I understand that during the procedure, unforeseen conditions may be revealed that necessitate an extension of the procedure or different procedures than stated above. Therefore, I hereby consent to and authorize the performance of such procedures as are necessary and desirable in the veterinarian's judgment. I understand my doctor will attempt to notify me should another procedure be required. I authorize the use of appropriate anesthetics and other medications. I understand the inherent risks in the use of anesthetics and other medications and accept the risk as part of the procedure. I have been advised as to the nature of the procedure(s) and the risks involved. **I realize that results can not be guaranteed.** Dental X-rays may also become necessary to determine the strength of the roots of the teeth or underlying infection. **I agree to pay, in full, for services rendered, including those deemed necessary for medical or surgical complications or unforeseen circumstances.**

COMPLICATIONS CAN BE MINOR BUT MAY ALSO RESULT IN DEATH

I understand that several anesthetics can be used. My doctor will advise me of which is most applicable to my pet's needs. Advances in anesthetic protocol have made routine procedures relatively safe; however, occasionally problems may arise due to pre-existing conditions not evident during the pre-surgical exam. **To decrease this risk, all patients receiving anesthesia must have preliminary blood work performed.**

I wish to be called prior to any extractions being performed. Phone number where I can be reached _____
 If I am unable to be reached by phone, I understand that Mountain Vista Animal Hospital will do what is deemed necessary for the overall health and well being of my pet.

The following tests are more extensive and recommended.

Chest X-rays – These evaluate the condition of the heart and lungs. The cost of the X-rays for a large canine is \$133.50, and for a small canine or feline is \$105.00.

Electrocardiogram (ECG) This test evaluates the condition of the heart. The cost of this test \$58.00.

Home Again Microchip – Permanent identification that is easily, quickly and safely placed by the veterinarian. The cost of the implant is \$50.00, which includes the registration fee.

Chemistry Profile & Complete Blood Count – These blood tests may be performed the day of anesthesia and are the most informative way to review your pet's internal organ functions. These tests evaluate the kidneys, liver, spleen, pancreas, cholesterol, red and white blood cell counts and serum protein level. The cost of this screen is \$131.00.

I do not wish any of the more extensive tests performed on my pet.

I am the owner/agent and have the authority to authorize consent of the above pet.

Signature of Owner _____ Date _____

Witness _____ Date _____

Compassionate, Progressive Pet Care That's Paws Above the Rest