



# Anesthesia Consent Form

Revised: 3-1-2021

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Procedure: \_\_\_\_\_

At what phone number can we reach you today: \_\_\_\_\_

Emergency Contact Name/Number: \_\_\_\_\_

Has your pet fasted? ("Fasted" means no food since 9 pm yesterday and no water since midnight last night):  YES  NO

Please indicate what you understand will be done for your pet today: \_\_\_\_\_

This is my consent and authorization for Benbow Veterinary Services to prescribe medicine for, treat, transport, and/or perform surgery upon \_\_\_\_\_. I am aware that the practice of veterinary medicine and surgery is not an exact science and I acknowledge that no guarantees have been made to me concerning the results of this surgery or procedure. I am also aware that there is a risk of adverse reactions, even though reasonable precautions will be taken.

Prior to anesthesia, a full physical examination will be performed including any pre-operative bloodwork selected below. To provide us with more information about your pet's health prior to anesthesia, we offer additional bloodwork to check the function of vital organs. This helps us to choose the best anesthesia for your pet and may also alert us to some hidden diseases.

**Please mark bloodwork selections below clearly:**

YES  NO **Preanesthetic Essential Panel: \$105.00**  
Recommended for pets *under 6 years of age*. Includes 10 Chemistries & PCV.

YES  NO **Preanesthetic Comprehensive Panel: \$175.00**  
Recommended for pets *over 6 years of age*. Includes 17 Chemistries, Electrolytes, CBC w/differential, SDMA, & TT4.

YES  NO **Preanesthetic Coagulation Panel: \$80.75**  
Recommended abdominal surgery or any surgery where clotting may be a factor, or if pets are on any supplements or nutraceuticals. Assists in diagnosis & evaluation of bleeding disorders, toxicology & poisoning, DIC, hepatic disease, and clotting ability. Includes PTT & aPTT.

YES  NO **Pre-Operative Acupuncture: \$95.00**  
Reduces pain before and after surgery. May help reduce the amount of anesthetic gas needed intra-operatively, and pain medication post-operatively.

**Please mark any additional services desired below clearly:**

YES  NO **Microchip: \$55.00**  
Permanently identifies your pet to aid in recovery if he/she is lost; includes paid Lifetime Membership.

YES  NO **Nail Trim: \$17.00 to \$27.00**

YES  NO **Anal Gland Expression: \$22.00**

YES  NO **Ear Cleaning: \$20.00 to \$36.00**

YES  NO **Dental Sealant: \$120.00**

YES  NO **Biopsy: Cost Varies**

Credit Card Number: \_\_\_\_\_

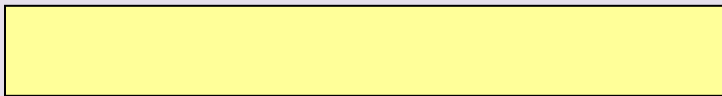
Expiration Date: \_\_\_\_\_ Verification Code: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED

I understand that unforeseen reactions including death can occur during general anesthesia and/or sedation. I agree to hold Benbow Vet Services and its employees harmless from any liability arising from the proper performance of any of the procedures referred to above.

All Patients must be up to date on vaccinations. If we do not have current vaccination records on your pet, your pet will be vaccinated for an additional fee. If fleas are found on your pet, Vectra 3D for dogs and Spot on for cats will be administered to your pet for an additional fee.

SIGNATURE of Owner or Responsible Party: \_\_\_\_\_



**Designated**  
Drop-Off Time: \_\_\_\_\_

**Actual**  
Drop-Off Time: \_\_\_\_\_

**WEIGHT:**  
\_\_\_\_\_

**Hospital Admission** By: \_\_\_\_\_

**Estimate of Procedure Cost:**  
\$ \_\_\_\_\_

**Procedure Performed** By:  
Dr.'s Initials: \_\_\_\_\_

**Client Notified**  
Ready for Pickup By: \_\_\_\_\_  
**Time Called:**  
\_\_\_\_\_

**Charges Input**  
By: \_\_\_\_\_

**Amount Pre-Authorized:**  
\$ \_\_\_\_\_

**Checked Out**  
By: \_\_\_\_\_

**Patient Discharged** By: \_\_\_\_\_

**Scanned and Uploaded** By: \_\_\_\_\_

\*\*Client is to complete all items in purple section (including Amount Pre-Authorized) in their writing, then sign in the yellow box.