

## Consent Form

Last Name \_\_\_\_\_ Pet Name \_\_\_\_\_

I give permission for the Veterinarian(s) at Edmonds-Westgate Veterinary Hospital to sedate/anesthetize my pet for the following procedure(s):

\_\_\_\_\_ Radiographs (XRays) \_\_\_\_\_ Surgical \_\_\_\_\_  
\_\_\_\_\_ Wound Treatment \_\_\_\_\_ Grooming / Lion Cuts  
\_\_\_\_\_ Dental for Optimal Health (may include extractions and/or Xrays)  
\_\_\_\_\_ Dental Cleaning only (call if add'l recommendations) \_\_\_\_\_ Other \_\_\_\_\_

I understand that injectable and/or inhalant anesthetic agents may be used during this procedure. I understand that there are possible serious risks associated with the use of anesthetic agents, including reactions that may lead to chronic illness or even death. For these reasons along with detecting liver and kidney disorders, blood screening is highly recommended before any anesthetic procedure.

The cost for these important tests is: \$ 49.00 for animals under 6 years of age or  
\$ 79.00 for animals older than 6 years of age

**PLEASE INITIAL HERE TO ACCEPT THESE BLOOD TESTS:** \_\_\_\_\_ or

INITIAL HERE TO DECLINE BLOOD TESTING: \_\_\_\_\_

Also recommended: **IV Catheter & Fluids** (hydration for a smoother recovery): \$74.50 Yes \_\_\_\_\_ No \_\_\_\_\_

### Pain Management

After a pre-anesthetic exam, your pet will be given a premedication to reduce discomfort which is included in the cost of the procedure. Since many procedures can lead to significant pain, after the procedure the Veterinarian will determine if a pain injection is needed upon recovery. There may be an additional cost for this over any estimate that you were given.

**IF** oral medication (pain relievers, antibiotics, etc.) is recommended to be sent home please choose one option below:

\_\_\_\_\_ Please have the medication ready at the time I pick up my pet OR  
\_\_\_\_\_ Please call me before filling additional medication.

\*\*In the event of an anesthetic reaction, I understand that I will be contacted as soon as it is feasible. I agree to be responsible for any charges incurred during the management of such a reaction in the event that I am not immediately available to consult with the veterinary team.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone Number(s) where I can be reached today:

\_\_\_\_\_ or \_\_\_\_\_