

# Country Animal Hospital

24407 S.E. 440<sup>th</sup> Enumclaw, WA 98022  
Phone: 360-825-2061 Fax: 360-825-4692  
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## Anesthesia and Surgery Consent Form

Your pet will be undergoing general anesthesia today for the following procedure(s):

Owner's Name \_\_\_\_\_ Pet's Name \_\_\_\_\_

Phone number(s) where we can reach you today: AM \_\_\_\_\_ PM \_\_\_\_\_

For patients undergoing general anesthesia we recommend:

**Pre-anesthesia blood testing** to assess liver, kidney function to aid in determining which anesthetic drugs are safest for your pet. Cost: < 6 years of age = \$49.50 > 6 years of age = \$60

**Consent** \_\_\_\_\_ **Decline** \_\_\_\_\_

**Microchipping** with AVID microchip is a permanent identification method which can help reunite you with your pet if they get lost. If your pet is not microchipped and you would like to have it done, the cost is \$43 and includes lifetime registration in the nationwide AVID database.

**Consent** \_\_\_\_\_ **Decline** \_\_\_\_\_

We have a **flea free** policy. As part of the pre-anesthetic exam, if fleas are found on your pet they will be treated with Capstar at a cost of \$6.00. In addition you can purchase Frontline or Advantage to help protect your pet from fleas for long-term control.

**Vaccinations:** Current vaccinations are recommended for all animals undergoing surgery. (Rabies is required by King County for both dogs and cats.)

**Consent to updating recommended vaccines** \_\_\_\_\_ **Decline** \_\_\_\_\_

CATS: We strongly recommend testing for **Feline Leukemia and FIV virus**.

FeLv single test if under 6 months of age is \$40.

FeLv and FIV combination test for cats over 6 months of age is \$50.00.

**Consent** \_\_\_\_\_ **Decline** \_\_\_\_\_

We have a **pain free** policy. All of our surgical patients receive pain medications the day of surgery and the following day. If the doctor feels pain medication is required for a longer period they will discuss that with you.

I authorize the use of appropriate anesthetics and other medications. I have been advised of the nature of the procedures or operations and I am aware of the risks involved. I understand the clinic is not staffed 24 hours a day and patient monitoring is provided as needed by the veterinarian. I have read and understand this authorization and consent.

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