

Dixie Animal Hospital Anesthetic and Procedure Consent Form

Date _____

Owner _____ Pet's Name _____ Breed _____ Sex _____

Address _____

Today's Phone # _____ Secondary Phone # _____

I hereby authorize the veterinarian(s) of Dixie Animal Hospital to perform the procedure(s) listed below under any anesthetic or sedation deemed advisable and to also perform such additional procedures as may be necessary based on findings from the below surgery or procedure. The possible alternative methods of treatment, the risk, and the possibility of complications are fully understood by me. I realize that no guarantee or assurance can or has been given as to the results. I cannot hold Dixie Animal Hospital or its agents liable for any reactions or complications due to the sedative or anesthetics given.

I understand that I am responsible for all professional fees, including fees for medicines, x-rays, hospitalization, laboratory tests, and board and that these fees are payable when my pet is discharged. I also understand that my pet must be free of external parasites and that bathing and dipping (if required) will be performed at my expense. I also understand that I will not be allowed in the ICU area unless accompanied by Dixie Animal Hospital staff member.

I HAVE READ AND UNDERSTAND THIS AUTHORIZATION AND CONSENT. I HAVE BEEN ADVISED AS TO THE NATURE OF THE PROCEDURES OR OPERATIONS AND THE RISKS INVOLVED. I REALIZE THAT RESULTS CANNOT BE GUARANTEED.

Circle one please:

HOMEAGAIN Microchip implantation can help retrieve your pet if lost or stolen. It is not a GPS device:

YES – I would like my pet to be implanted while under anesthetic. (costs apply)

NO – I do not want my pet to be implanted at this time or my pet already has a microchip.

Circle one please:

Dental scaling and polishing helps alleviate the concerns that arise with dental disease. Time permitted, we can perform a dental scaling and polishing while your pet is under anesthetic.

YES – I would like my pet to have a dental scaling and polishing while under anesthetic. (costs apply)

NO – I do not want my pet to have a dental scaling and polishing at this time.

_____ - If yes to the above, I understand that if the veterinarian determines that it is in my pet's best interest to have any teeth extracted, I authorize him to do so at my expense.

As the owner / agent of the above animal, I hereby give my consent to Dixie Animal Hospital and its staff to perform the following procedures:

- 1) _____ 3) _____
- 2) _____ 4) _____

Signature of Owner / Agent _____