

Sunnyvale Veterinary Clinic

Consent for Anesthesia/Surgery/Sedation

CLIENT: _____ PET: _____ DATE: _____
(please print)

Your pet is being admitted for anesthesia and _____.
Anesthesia involves some unavoidable risk, but we will watch your pet closely to ensure his or her safety and well-being. Our staff is well trained and we use state-of-the-art monitoring equipment. If a problem arises, we will institute whatever measures are needed to stabilize your pet. Your consent to this procedure is also an agreement to pay for all care your pet requires today.

It is important that we have a phone number where you can be reached if consultation is necessary while your pet is under anesthesia.

I can be reached at _____ today.

If you must be away from a telephone for part of the day, please call us before you leave the above number so that we can advise you of your pet's status.

While your pet is under anesthesia, would you like any additional services?

Yes / No Screening X-ray for canine hip dysplasia or arthritis: includes additional anesthesia used during x-ray, all views required, and results interpretation by board-certified Veterinary Radiologist. (ask for a price quote; only available with full anesthesia)

Yes / No Microchip Implant: a permanent chip placed under your pet's skin, which identifies your pet and is read by a scanner. Local animal shelters are equipped with these scanners. (\$40.00)

Yes / No Flea treatment with Advantage Multi or Frontline. Protection lasts one month. (ask staff for price quote)

Yes / No Nail Trim (\$5) or Dremel nail trim/file (\$10) under anesthesia – circle one

Yes / No Oravet Dental Preventative Application and Home Care Kit (\$34-\$44 depending on size of pet)

Other _____

I hereby authorize Sunnyvale Veterinary Clinic to perform such diagnostic, therapeutic and surgical procedures as described above. The nature of such services has been described to me to my satisfaction and I realize that no guarantee nor warranty can ethically or professionally be made regarding the results or cure. I also authorize the clinic staff in an emergency situation, to follow through with such procedures as are necessary for the well being of my pet on a continuing basis until further communication with me. I understand that I assume financial responsibility for all services rendered.

Notice: Veterinary service during nighttime hours, some day time hours, and/or weekends, is provided at the discretion of the veterinarian in charge. Continuous presence of personnel may not be provided during these hours.

Owner Signature: _____ Date: _____

Staff Signature: _____