

## **SURGICAL / DENTAL / TREATMENT / ANESTHESIA CONSENT**

Name: \_\_\_\_\_

Phone Number you can be reached at: \_\_\_\_\_

Name: \_\_\_\_\_ Species: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Weight: \_\_\_\_\_

***I consent and authorize Lake Hamilton / Hot Springs Animal Hospital to do the following surgery / treatment / dental / laser: \_\_\_\_\_***

I am responsible for the above described pet and have the ability to give permission to receive, prescribe for, treat and / or operate upon my pet.

I understand that if my pet has internal/external parasites, they must be treated to protect my pet as well as others in the hospital.

It is understood that all reasonable precautions against injury, escape or death of my pet will be used. I further understand that no guarantee of successful treatment has been made. Lake Hamilton and Hot Springs Animal Hospitals will not be held liable or responsible in any manner in connections therewith as it is implicit that I assume all risks.

**These charges are in addition to the surgery / treatment / dental procedure listed above:**

We believe Pre-Anesthetic Bloodwork will greatly reduce the risk of complications both during and after anesthetic procedures due to pre-existing conditions not evident during routine histories and physical exams. To minimize problems, we highly recommend Pre-Anesthetic Bloodwork.

**Pre-Anesthetic Blood Work**

**Yes**

**No**

***I understand that payment is due when services are rendered. I assume full financial responsibility for all charges related to the treatment of: <patient>.***

***After carefully reading the above, I am signing in agreement:***

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