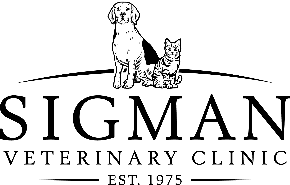
Sigman Veterinary Clinic

10257 Highway 142 North

Covington, Georgia 30014

770-787-1581



**ANESTHESIA/SURGERY CONSENT FORM**

Client Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pet Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Breed/Color:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please provide contact information at which you can be reached during the day of your pets scheduled procedure***

Primary Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I am the owner or agent of the owner of the above described animal. I hereby authorize Sigman Veterinary Clinic to perform the following anesthetic or surgical procedure(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Required Preventative Care**: It is our policy that all pets admitted to Sigman Veterinary Clinic are up to date on the following vaccinations: **Dogs must be up to date on Rabies, DHPP/DHLPP, and Bordetella (kennel cough) vaccinations. Cats must be up to date on Rabies and FVRCP vaccinations.** All pets must be free of external parasites. **If external parasites are found on your pet today they will be treated at the owner’s expense ($11). Initial:\_\_\_\_\_\_\_**

**Pre Anesthetic Bloodwork:** We highly recommend having pre-anesthetic bloodwork run on all pets prior to undergoing sedation or general anesthesia. These blood tests assess organ function which is not evident on a physical exam and may affect anesthesia and/or recovery. **Pre-anesthetic bloodwork is required for all animals 7 years of age and older.** If your pet has had bloodwork done in the past 30 days we will not need to repeat bloodwork today unless you choose to do so. Please understand that if an unforeseen problem becomes apparent on bloodwork, you will be contacted and surgery may not be performed at this time.

**\_\_\_\_\_\_\_ YES, I would like pre-anesthetic bloodwork done today ($95) \_\_\_\_\_\_\_ My pet had bloodwork run in the past 30 days.**

**\_\_\_\_\_\_\_ NO, my pet is under 7 years old and I DO NOT want pre-anesthetic bloodwork run today.**

**Pain Medication:** Pain medication is given to every pet undergoing a surgical and/or potentially painful procedure. This is NOT optional. Additional pain medication to go home may be recommended at an additional cost.

**Heartworm Disease**: Heartworm disease affects the cardiopulmonary system adversely, and as such will increase anesthetic risk significantly. We highly recommend dogs having a current heartworm test done within the past 12 months whether they are current on prevention or not. **Heartworm test run prior to surgery $45.25**

**\_\_\_\_\_\_\_YES, perform a heartworm test. \_\_\_\_\_\_\_ NO, I decline a heartworm test today and understand the risks.**

**FIV/FeLV/Heartworm Test for Cats:** A three in one blood test that screens for feline immunodeficiency virus, feline leukemia virus, and feline heartworm disease. **Feline triple run prior to surgery $48 \_\_\_\_\_\_ YES \_\_\_\_\_\_ NO**

**Microchip Implantation:** A microchip aids in the identification and recovery of a lost pet. This may be implanted while your pet is under anesthesia. $**70, includes registration through HomeAgain**

**\_\_\_\_\_\_\_YES, insert microchip \_\_\_\_\_\_\_NO, I decline a microchip today.**

**Therapeutic K-Laser:** We offer therapeutic laser therapy used after surgery. Laser therapy helps increase blood flow and oxygen to the surgical site allowing for quicker healing and less inflammation/pain while your pet is recovering. This is NOT done with tumor/growth removals**. Post-op laser treatment $20**

**\_\_\_\_\_\_\_YES, please do a laser treatment \_\_\_\_\_\_\_ NO, I decline a laser treatment.**

I certify that I am the owner or authorized agent for the owner of the above animal. I authorize the performance of the procedure(s) outlined above by the Veterinarians and staff at Sigman Veterinary Clinic. I understand that anesthesia always involves some amount of risk and that during the performance of this/these procedure(s), unforeseen conditions may be revealed that necessitate an extension or variance in the procedure(s) set forth above. I expect the Veterinarians and staff at Sigman Veterinary Clinic to use reasonable care and judgment in performing the procedure(s) to the best of their abilities. I realize that no guarantee or warrantee can ethically or professionally be made regarding the results or cure. I am also aware that unforeseen complications resulting from the procedure(s) will not relieve me from any obligations to all reasonable costs incurred regarding the animal. **I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of my pet’s release and that a deposit may be required for surgical treatment.**

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Signature of owner or agent Date