

**ANIMAL HEALTH SERVICES
SURGERY CONSENT FORM**

Date: _____
Chart # _____

Owner: _____
Patient: _____

Please indicate your choice by checking the appropriate response in each section below:

Anesthesia Consent:

Our greatest concern is the well-being of your pet. While anesthetic reactions are rare, the use of any anesthetic (or sedative) agent always involves risks. We highly recommend blood screening before performing anesthetic procedures. Preanesthetic blood testing can help detect underlying health conditions such as disorders of the liver, kidneys, and/or blood (such as an anemia or infection). Our fully equipped lab will have the results immediately available before anesthesia and/or surgery.

- YES**, I want my pet to have preanesthetic blood screening.
 NO, I do not want my pet to have preanesthetic blood screening.

Pain Management Consent:

Effective control of patient discomfort and pain is a top priority. Patients that receive pain medications are more comfortable and recover from procedures more smoothly and quickly. We strongly recommend pain management for your pet as a means of providing the most compassionate care possible. Please indicate your choice:

- YES**, I do want pain management for my pet.
 NO, I do not want pain management for my pet.

Microchip Consent:

90% of pets that go missing are not reunited with their families. Microchipping is an easy way for your pet to be reunited with you and your family. We implant ISO microchips that comply with the *international standards* of the United States and other countries.

- YES**, I want my pet microchipped while under anesthesia.
 NO, I do not want my pet microchipped while under anesthesia.

I understand AHS cannot predict adverse anesthetic reactions and will hold AHS harmless in the event one occurs. I am aware that anesthesia will be used on my pet. I am the owner or an authorized agent for the owner of this pet.

Signature: _____ Date: _____ Best Contact # _____