

Firehouse Veterinary Clinic
4 Hedges Pond Rd
Plymouth, Ma. 02360
508-888-9313

Anesthesia/Surgery Consent Form

Client ID:(Filled in by
Staff)

Client Name:

Address:

Telephone:

Phone # Today:

**Procedure:(Filled in by
Staff)**

Patient ID:(Filled in by
Staff)

Name:

Species:

Breed:

Sex:

Color:

Markings:

Birth Date:

PICK

UP

TIME

IS

4:00

PM

Your pet will be undergoing general anesthesia plus a procedure today. All anesthesia involves risk. In order to recognize any underlying abnormalities your pet may have, we require a pre-anesthetic blood profile. This consists of a Heartworm and Tick disease panel, a CBC, which will check the red and white blood cells, and a chemistry blood panel, which will assess areas including blood glucose, kidney and liver enzymes. These tests will help us to assess the health status of your pet more completely and determine if there are any additional precautions we need to take before or during anesthesia. **We require these tests for all patients.** There is an additional charge that will be added to the invoice if these tests were not run prior to today.

To be completed by office:

Previous Blood work date: _____ **Previous Heartworm/Infectious disease panel date:** _____

In addition, we utilize a surgical, and therapy laser for every applicable procedure (Neuter, Spay, Mass Removal, etc). The benefits of laser surgery are less pain, less bleeding, less swelling, and less recovery time.

Microchip placement is recommended to provide a means of permanent pet identification. There is an additional fee which includes life time registration.

I **DO** _____ **DO NOT** _____ wish to have a microchip placed today. (Please initial)

I **DO** _____ **DO NOT** _____ have any questions or would like to speak to the Doctor?

I am 18 years of age or older and the legal guardian of this pet. I understand all anesthesia involves some risk to my pet. I assume all risks associated with my pet's anesthesia, procedure, and hospitalization. I have read and understand all matters discussed above.

Signature _____ **Date** _____

Print Name: _____

FVC Staff Initials _____