

**ANGEL ANIMAL HOSPITAL
3003 STRAWBERRY RD.
PASADENA, TEXAS, 77502
(713) 944-2424**

Anesthesia/Surgery Consent Form

Date: _____ Procedure: _____

Client's Name: _____ Pet's name: _____

Your pet will be undergoing general anesthesia plus a surgical procedure today. Your signature below authorizes anesthesia for the purpose of the procedure to be performed at Angel Animal Hospital. All reasonable precautions against injury, escape, or destruction of the animal will be taken, and neither Angel Animal Hospital nor the attending veterinarian will be held liable or responsible in any matter whatsoever, or any circumstances, on account of the care, treatment, or safekeeping of the animal described above, or otherwise connection therewith, as it is thoroughly understood that you assume all risks. Specialists are available for more complicated non-elective surgical cases. Your signature authorizes surgery to be performed at Angel Animal Hospital, understanding the possibility of complications.

If fleas are found upon entering the hospital, an inexpensive pill will be given to kill the fleas.

In order to recognize any underlying abnormalities your pet may have, we recommend having a pre-surgical blood profile run on your animal. This consists of several tests, which will check presence of infection, blood glucose, kidney and liver enzymes, and other systems. These blood 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 surgery. We highly recommend a blood profile for geriatric animals (animals older than 6 years). There is an additional charge of \$69 for these blood tests.

I DO _____ DO NOT _____ wish to have the pre-surgical blood work run today. (Please initial.)

Many pets may not readily indicate discomfort felt after surgical procedures. Your pet's procedure will include a postoperative pain injection for initial pain relief. Dispensed, oral pain medications for longer-term pain control at home are available and often recommended at the doctor's discretion. The cost of oral medication dispensed for 5 days will be \$10-\$25 for most pets depending on the weight.

I DO _____ DO NOT _____ wish to have dispensed, oral pain medications. (Please initial.)

How many hours has it been since your pet had food? _____Hrs. Water? _____Hrs.

Signature _____

Contact Phone Number _____