

Hillside Veterinary Associates, LLC

Anesthesia/Surgery Consent Form

Client ID: _____

Patient ID: _____

Client Name: _____

Name: _____

Address: _____

Species: _____

Breed: _____

Sex: _____

Telephone: _____

Color: _____

Birth Date: _____

Service: _____ **Service:** _____

It is recommended that all animals admitted to Hillside Animal Clinic be current on their vaccinations, including heartworm or Felv/FIV tests and fecal evaluations. All animals found to have fleas or ticks will be treated at the owner's expense.

I have been advised as to the nature of the procedures and the risks involved in performing general anesthesia to the above described animal. I realize that results cannot be guaranteed.

I, undersigned, do hereby certify that I am the owner or duly authorized agent for the owner of the animal described above and have the authority to execute this consent. I hereby authorize the performance of professionally accepted general anesthetic procedures necessary for its treatment.

I have read and understand this authorization and consent. I further understand that I assume responsibility for all services rendered.

Like you, our greatest concern is your pet. We highly recommend all patients be screened prior to anesthesia/surgery. Please review and indicate your preference below. **There is an additional charge for these tests. We hope you understand the need for these important tests.

I DO _____ DO NOT _____ PRE-SURGICAL LAB Work (\$85.00) (Please initial)

I DO _____ DO NOT _____ BIOPSY/HISTOLOGY/CULTURE. (\$140.00+) (Please initial)

I DO _____ DO NOT _____ I V FLUIDS (\$63.00) (Please initial)

Signature _____

Phone Number: _____