Bay City Veterinary Clinic "Because We Care"

Dental/Anesthesia Consent Form

OWNER:	PATIENT:
ADDRESS:	CITY:
EMERGENCY PHONE:	
of the animal described above, a agents, servants, and/or represer procedure described as: that, at their discretion, may be us	Ty that I am the owner (Or duly authorized agent for the owner and that I do hereby give Bay City Veterinary Clinic doctors tatives full and complete authority to perform the surgicaAnd to perform any other procedureful to promote the health of the above described pet, and I does release the said doctors, agents, servants, or representative om said surgery on said animal.
We do recommend pre-anesthetic having anesthesia. This will insur- ruling out pre-existing internal	esia, we will perform a full physical examination on your per blood work as well as a current heartworm test on animal e that your pet is in a low risk category during anesthesia b problems that may not be evident physically. The latest i lood chemistries within minutes in house, safely and accurately
Please complete the CBC test pPlease complete the heartworn	ile prior to surgery at an additional cost of \$37.50. rior to surgery at an additional cost of \$37.00. a test prior to surgery at an additional cost of \$25.00. a are believed to be life threatening to your pet we may reach
and request that you proceed wit	commended blood profile, heartworm test or CBC at this time the surgical procedure. I agree to hold Bay City Veterinar as develop as a result of the surgery.
being anesthetized. I do not hold I	my cat/dog was not to eat or drink any water 10 hours prior to ay City Veterinary Clinic responsible if any complications duer prior to surgery arise while my pet is under anesthesia.
	or treatment will be checked for fleas and ticks. If fleas o vantage and capstar at owner's expense.
Signature of Owner/Agent	date