

Bay City Veterinary Clinic

“Because We Care”

Dental/Anesthesia Consent Form

OWNER: _____ PATIENT: _____

ADDRESS: _____ CITY: _____

EMERGENCY PHONE: _____

I, the undersigned, do hereby certify that I am the owner (or duly authorized agent for the owner) of the animal described above, and that I do hereby give Bay City Veterinary Clinic doctors, agents, servants, and/or representatives full and complete authority to perform the surgical procedure described as: _____, and to perform any other procedure that, at their discretion, may be useful to promote the health of the above described pet, and I do hereby and by the presents forever release the said doctors, agents, servants or representatives from any and all liability arising from said surgery on said animal.

Before administering the anesthesia, we will perform a full physical examination on your pet. We do recommend pre-anesthetic blood work as well as a current heartworm test on animals having anesthesia. This will ensure that your pet is in a low-risk category during anesthesia by ruling out pre-existing internal problems that may not be evident physically. The latest in technology has enabled us to run blood chemistries within minutes, in-house, safely and accurately before anesthesia induction. **Pre-anesthetic bloodwork is required on all pets 8 years of age and older.** We also recommend that your pet be put on IV fluid therapy while here for their procedure. This allows us to have instant access to a vein for injectable medications as well as helping to flush anesthesia from the body after the procedure.

___ Please complete the **blood profile** prior to surgery at an additional cost of \$80.00

___ Please complete the **CBC** test prior to surgery at an additional cost of \$54.50

___ Please complete the **heartworm test** prior to surgery at an additional cost \$36.00

___ Please put my pet on **day fluid therapy** at an additional cost of \$67.00

*If abnormalities are found that are believed to be life threatening to your pet, we may reach you at

(____) - ____ - _____.

___ **I have decided to refuse** the recommended blood profile, heartworm test, CBC or day fluid therapy at this time and I request that you proceed with the surgical procedure. I agree to hold Bay City Veterinary Clinic harmless if any complications develop as a result of the surgery.

I, the undersigned, understand that my **cat/dog** was not to eat or drink any water 10 hours prior to being anesthetized. I do not hold Bay City Veterinary Clinic responsible if any complications due to the consumption of food or water prior to surgery arise while my pet is under anesthesia.

I understand that the anesthesia used does offer some initial pain control at the time of surgery but is short in duration. I **DO / DO NOT** wish for my pet to be given a supplemental pain package which includes and injectable pain reliever at the time of surgery and, on average, 3 days of oral pain relief to be sent home following surgery. The additional charges for the pain package will vary depending on the species and size of your pet and which pain medication is used. You can expect the approximate cost for a **cat** to be \$35.50. The approximate cost for **dogs** will be: **under 25lbs-** \$29.50, **between 26lbs and 50lbs -** \$42.50, **between 51lbs and 75lbs -** \$51.50 and **76lbs or over -** \$65.00.

All pets that come to our clinic for treatment will be checked for fleas and ticks. If fleas or ticks are found, we will apply Advantage and Capstar at the owner's expense.

****Owner consent to use procedure pictures on BCVC social media pages _____ initials.****

Signature of Owner/Agent _____ Date _____