**Madison Veterinary Hospital**

91 N Lake St

Madison, OH 44057

440-428-5335

Client Information: Patient Information:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Breed, Sex, Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Anesthesia and Surgical Consent Form**

Is your pet allergic to any medications? Yes/No

Has your pet been fed in the last 12 hours? Yes/No

Is your pet currently taking any medications (besides Heartworm/flea medications)? Yes/No

 If yes, please list the names of the medications currently taking \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 If taking medications, when was the last dose given? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If having a tumor removed, would you like it sent out for histopathology? Yes/No/Doctor’s Discretion

If having a dental, do you give us permission to do extractions? Yes/No/Call First

Would you like to view the Dental Radiographs during discharge?

Would you like an E-collar (the cone) for your pet? Yes/No

Would you like your pet microchipped ($45)? Yes/No

Would you like your pet’s vaccinations updated today? Yes/No

Would you like your pet’s heartworm test done before anesthesia? Yes/No

*Initial here to give us permission to administer life-saving medications in the event of the emergency during anesthesia. \_\_\_\_\_\_\_*

**Pre-Anesthetic Bloodwork (check the box next to desired panel):**

□ Chemistry Panel ($55)

-- Basic workup measuring liver/kidney function

□ Complete Blood Count/Serum Chemistry Profile ($120)

--Complete workup including liver, kidney, pancreas enzymes, glucose, electrolytes and a complete blood count.

**Initial here to decline bloodwork at this time: \_\_\_\_\_\_\_\_\_\_**

I give my consent for my pet to be placed under anesthesia and understand the risks in doing so. I also acknowledge that I am responsible for payment in full for the above procedures and treatments at the time my pet is discharged.

Owner Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number you can be reached at today: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_