ADOBE VETERINARY CLINIC

SURGERY * SEDATIVE * ANESTHESIA CONSENT

Client:	Patient:
Date:	Requested Procedure:
operation(s) describ I understand that ther authorize the perform professional judgeme	e Veterinarian of the Adobe Veterinary Clinic to perform surgical dabove: are risks involved in these procedures. Therefore, I hereby consent to and not of such procedure(s) as are necessary in the Veterinarian's t. I realize that the results cannot be guaranteed. I have read and zation and consent. I also agree to pay all charges at the time my pet is Please Initial:
respiratory monitorin anesthetic blood scree your pet has no hidde will assess your pet's	fully monitored under anesthesia, including pulse/blood oxygen and To further minimize risk, especially in older pets, we recommend a pre- a. This screening test is similar to those used in human hospitals to ensure medical problems not detectable on a physical examination. This test iver and kidney function. This blood screen will allow us to take if abnormalities are detected. The cost for pre-anesthetic blood screen
· · ·	t to have the pre-anesthetic blood screen. The pre-anesthetic blood screen at this time.
	g teeth cleaning: I understand that loose teeth may be extracted at the additional charges. Antibiotics and pain medications may be given Please Initial:
	a, it is an opportune time to do other procedures. f the procedures you would like performed:
() Vaccines 15% Dis() Dental X-rays \$11	est \$29.10 .00

Daytime Phone Number

Client Signature