ADOBE VETERINARY CLINIC

SURGERY * SEDATIVE * ANESTHESIA CONSENT

| Client: | Patient: |
|--|---|
| Date: | Requested Procedure: |
| operation(s) describe I understand that there authorize the performa professional judgemer | Veterinarian of the Adobe Veterinary Clinic to perform surgical above: are risks involved in these procedures. Therefore, I hereby consent to and ce of such procedure(s) as are necessary in the Veterinarian's. I realize that the results cannot be guaranteed. I have read and ation and consent. I also agree to pay all charges at the time my pet is Please Initial: |
| respiratory monitoring anesthetic blood scree your pet has no hidder will assess your pet's | Illy monitored under anesthesia, including pulse/blood oxygen and To further minimize risk, especially in older pets, we recommend a pre-This screening test is similar to those used in human hospitals to ensure medical problems not detectable on a physical examination. This test ver, and kidney function. The blood screen will allow us to take abnormalities are detected. The cost for pre-anesthetic blood screen |
| | to have the pre-anesthetic blood screen. have the pre-anesthetic blood screen at this time. |
| | teeth cleaning: I understand that loose teeth may be extracted at the dditional charges. Antibiotics and pain medications may be given Please Initial: |
| | it is an opportune time to do other procedures. the procedures you would like performed: |
| () Vaccines 15% Dis () Dental X-rays \$12 | at \$41.30 00 |
| Cli | nt Signature Daytime Phone Number |