**Weiser Veterinary Clinic**
**815 W. Idaho St.,**
**Weiser, ID 83672**
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# Anesthesia/Surgery Consent Form

**WVC Client ID: _____ Client Name: _____**
**Phone # we can reach you @ _____**

**WVC Pet's ID: _____ Pet's Name: _____**
**Breed: _____ Sex: _____**
**Color: _____ Age: _____**

I am the owner/agent for the animal named above and have the authority to execute this consent. I hereby authorize the veterinarians of this clinic to perform this procedure. I understand the nature of this procedure and realize that there are always certain risks involved with anesthesia and/or surgical procedures. I further understand that during the procedure unforeseen conditions may arise that may require additional procedures.

I authorize the use of appropriate anesthesia and pain relief medication as needed before and after the procedure. I understand that there are risks associated with the use of any medication. I understand that the hospital support personnel will be used as deemed necessary by the veterinarian.

To recognize any underlying abnormalities your pet may have, we recommend having a pre-surgical blood profile run on your animal. This brief profile includes an ALT, ALKP, GLU, TP, PCV and BUN, which will check blood glucose, kidney and liver enzymes the cost is $60.75. This blood profile is recommended and can be done just prior to the anesthesia and surgery.

These blood tests help us to assess the health status of your pet more completely and determine if there are any additional precautions we need to take before surgery. **We highly recommend a blood profile especially for geriatric animals (animals 7 years of age and older).**
There is an additional charge for these blood tests. We hope you understand the need for these important tests.

**I DO _____ DO NOT _____ wish to have the pre-surgical blood work run on my pet.**

**Signature**: _____ **Date:** _____

**PLEASE MAK ANY OF THE FOLLOWING AS IT APPLIES TO YOUR PET:**

**We check all pets' ears:** **May we treat your dog's ears if needed? Yes No (Circle one)**
**May we treat your cat for ear mites if needed? Yes No (Circle one)**

**Retained baby teeth can cause dental issues,**
**May we extract any retained baby teeth? Yes No (Circle one)**

**Seizures: Y N** **If yes, does he/she take medication: Y N** **Was it given today? Y N**
**Antibiotics: Y N** **If yes, was it given today: Y N**
**Prednisone: Y N** **If yes, was it given today: Y N**
**Pain Relievers: Y N** **If yes, was it given today: Y N**
**If given, please circle which pain reliever: Rimadyl Dermaxx Aspririn (mg & brand) _____**
**Other: _____**