ROSEMEADE VETERINARY CLINIC

1930 Rosemeade Pkwy, #100, Carrollton, TX 75007; PH: 972-492-1091

Please complete this form for all procedures requiring anesthesia including, but not limited to, surgery, dental cleaning or extractions, senior pet physicals, etc.

Client Name: _____ Pet Name: _____

Contact Numbers: (_____) _____ Procedure: _____

(_____) _____ Date: _____

Please list any unusual or abnormal behavior your pet has experienced in the last 7 days and the duration of this behavior: (i.e.-has not eaten in 3 days, etc.)

_____

_____

_____

The Importance of Pre-anesthetic Screening

Please read carefully before signing: Your pet is here for an important procedure and should not have any problems. However, many pre-existing internal health problems may not be evident physically but could lead to complications. These include disorders of the liver, the kidneys or the blood.

Therefore, we highly recommend a pre-anesthetic blood profile. These tests are similar to those that your physician may require if you were to undergo anesthesia. This testing panel includes 6 blood chemistries. Results will be immediately available to examine before anesthesia/surgery and may serve as reference for future use should your pet become ill.

The cost of this pre-anesthetic blood screening is $63.00.

Please indicate your preference below:

☐ ACCEPT: I understand the importance of the pre-anesthetic blood profile and authorize Dr. Binford and his staff to perform these tests.

☐ DECLINE: I understand the importance of the pre-anesthetic blood profile but decline the testing at this time.

SIGNATURE: _____

Anesthetic Consent Form

YOUR PET IS WITH US TODAY FOR A PROCEDURE THAT REQUIRES ANESTHESIA. ANY TIME SEDATION AND SURGERY ARE PERFORMED, THERE IS SOME RISK TO THE PET'S LIFE. WE WILL PERFORM A FULL PHYSICAL EXAMINATION ON YOUR PET BEFORE ADMINSTERING ANESTHESIA.

I am the owner or authorized representative for the pet named above. I assume responsibility for care after surgery and authorize Dr. Binford and his staff to perform the recommended procedure(s). I understand that all surgical or anesthetic procedures involve some risk and realize that the results cannot be guaranteed.

While performing the surgery, should the Doctor find the procedure(s) to be more involved, resulting in additional cost, I will be contacted at the phone numbers listed on this form. If I cannot be contacted, I authorize the Doctor to perform the necessary procedures. I understand that full payment is required when the patient is discharged.

☐ I have read and understand the above information. I authorize Dr. Binford and his staff to administer anesthesia to my pet.

SIGNATURE: _____