

Client ID	Patient Name	Procedure(s)
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_____ As the owner/authorized agent for the above named patient, I give consent for MAH to induce and maintain anesthesia for the scheduled procedure. I understand that even in the healthiest of patients there is the potential for complications with all anesthetic procedures and assume responsibility of this risk, authorizing the attending DVM to proceed as necessary given the occurrence of any complication.

YES NO To further minimize anesthetic risk, a pre-anesthetic blood panel can be performed to assess organ function, which screens my pet for any potential underlying issues not detectable on physical examination. I understand that this bloodwork is an additional cost and approve the highly recommended pre-anesthetic blood panel.

YES NO Intravenous fluids are given via a catheter during general anesthetic procedures to help maintain blood pressure, circulation to vital organs and improve anesthetic recovery. The IV catheter also facilitates rapid administration of drugs should complications develop. I understand this option is an additional cost and approve the highly recommended IV catheter and fluids, if warranted.

Please read the below consent regarding your pet’s dental cleaning

In the event we find extractions are recommended during your pet’s dental cleaning, we will attempt to reach you at the contact number given. If we are unable to reach you in a reasonable amount of time, we:

_____ **DO** have permission to proceed with recommended treatment. You are aware there may be additional charges.

_____ **Do NOT** have permission to proceed with recommended treatment. You understand that this option may require follow up visits/anesthesia for unresolved issues at an additional charge.

Signature	Date	Phone
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