



# HAWAII KAI VETERINARY CLINIC ANESTHESIA/SURGERY CONSENT FORM

OWNER'S NAME: \_\_\_\_\_ PET'S NAME: \_\_\_\_\_

I HEREBY AUTHORIZE THE FOLLOWING PROCEDURE(S):

- Neuter     Spay     Dental     Mass Removal     X-Ray
- Ear Flush     Abscess     Other: \_\_\_\_\_

We wish to contact you once the procedure is finished (11-1pm). Which number may we reach you at?

PHONE CONTACT: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_



WE OFFER A PRE-ANESTHETIC BLOOD PROFILE TO MINIMIZE ANESTHETIC RISK

- This blood test checks multiple organ functions, particularly the kidney and liver. These two organs are responsible for processing the anesthesia gas during the procedure. In addition, it will assess RBC, WBC, platelet count, and glucose levels.

I APPROVE THE PRE-ANESTHETIC BLOOD PROFILE:

- This test is *strongly recommended* for all pets over six years of age, as well as pets with preexisting conditions.

*I have been informed of the pre-anesthetic blood profile, and choose NOT to do this test*

*Please read and initial the following:*

- \_\_\_\_\_ Pet must be current on required vaccinations. *If pet is overdue upon admission, treatment/prevention will be administered at an additional charge.*
- \_\_\_\_\_ Pet must be free of fleas and ticks. *If fleas and/or ticks are found upon admission, treatment/prevention will be administered at an additional charge.*
- \_\_\_\_\_ **For Dental Procedures:** I hereby consent my pet(s) to be photographed and authorize the use or disclosure of such photograph(s) for social media and/or advertising purposes.

I, being responsible for the above described animal, have the authority to grant you my consent to receive, prescribe for, treat and/or operate upon the aforementioned pet. I acknowledge that no assurance or guaranty has been made of the results and that risks of complications exist in any surgical or medical treatment. I understand that you will use all reasonable precautions against injury, escape, or demise of the animal, and you will not be held liable or responsible for any circumstances on account of the care, treatment or safekeeping of the animal described above.

I agree to be financially responsible for the above named pet. I understand that failure to pay all indebtedness will result in my account being turned over for collection. After carefully reading the above, I sign in agreement.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_