



HAWAII KAI VETERINARY CLINIC ANESTHESIA/SURGERY CONSENT FORM

OWNER'S NAME: _____ PET'S NAME: _____

I HEREBY AUTHORIZE THE FOLLOWING PROCEDURE(S):

Dental Neuter Spay Mass Removal Other: _____

PHONE NUMBERS:

Primary: (_____) _____ - _____ Secondary: (_____) _____ - _____

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 have received the estimate, understand it, and have had all of my questions answered to my satisfaction and I agree to the conditions of treatment.

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: ____ / ____ / ____