Aumsville Animal Clinic, LLC

ANESTHESIA/SURGERY CONSENT FORM

We strive to keep a hospital that is free of external parasites (fleas/ticks). If we find that your pet has fleas or ticks, we will treat your pet at an additional charge.

PRE-ANESTHETIC TESTING CONSENT Like you, our greatest concern is the well-being of your pet. Your pet is scheduled for anesthesia and/or surgery. Before putting your pet under anesthesia, we will perform a full physical examination. However, we recommend a pre-anesthetic blood profile to be performed in order that we may maximize patient safety and alert the doctor to the presence of dehydration, diabetes and/or kidney or liver disease which could complicate the procedure. These conditions may not be detected unless a pre-anesthetic profile is performed. These tests may be useful later to develop faster, more accurate diagnoses and treatments in the event that your pet's health changes.		
	Please complete the bloodwork recommended prior to surgery on n	ny pet.
	I have elected to refuse the recommended pre-anesthetic bloodwor you proceed with anesthesia.	c at this time and request that
DENTA	TAL CARE CONSENT	
	Not applicable for this visit	
	I have been informed that my pet is in need of preventive or therape appropriate procedures described to me by staff veterinarians at Au procedures include but are not limited to the following: 1) dental propolishing) and 2) extractions.	msville Animal Clinic, LLC. These
	I have been informed that examinations under anesthesia often reveshould be extracted to prevent oral discomfort and ongoing infection informed that the loss or removal of one or more unhealthy canine to protrusion of the tongue to one side or the other. Nevertheless, all recommended dental procedures have been answered to my satisfactions.	n of surrounding bone. I also have been eeth occasionally allows for an awkward questions and concerns I have about the
ADDIT	TIONAL OPTIONS/SERVICES	
	Remove Retained Baby Teeth: Occasionally puppies and kittens schedule, which results in potential dental problems. We routinely expet is anesthetized. There will be an additional fee for removal of results.	extract these unwanted teeth while the
	Complimentary Nail Trim	
I understand that some risk always exists with anesthesia and/or surgery, <i>including death</i> , and that I am encouraged to discuss any concerns that I have about those risks with the attending veterinarian before the procedure is initiated. Should some unexpected life-saving emergency care be required, the hospital staff has my permission to provide basic life support treatment until the attending veterinarian is able to contact me. I agree to pay for such care. I have read and understand this consent form, and I agree to pay for services rendered at the time my pet is discharged or when service is otherwise completed. I hereby authorize Aumsville Animal Clinic, LLC and its designated associates to perform the above approved procedure(s). In addition, in the event that emergency treatment is required and I cannot be reached, I agree to any necessary diagnostic testing, treatment, or surgical procedures which are required.		
1000334	nary diagnostic testing, treatment, or surgical procedures which are rec	unou.
Owner	er or Agent: Da	te:

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