

Surgical/General Anesthetic Consent Form

Owner's Name _____ Date _____

Pet's Name _____

Procedure to be Performed _____

Neuter (Male)

Remove Dewclaws
(Dog – front or rear)

Radiographs
(X-rays)

Spay (Female)
*Extra **\$40.00** IN HEAT/
EARLY PREGNANCY FEE

Ear Flush/Exam

Home Again – Pet
Microchip ID

Dental
(Scaling/Polishing)

Is your pet currently on any medication(s)? If so, please list:

Does your pet have any other problems? (Please circle)

Coughing Sneezing Vomiting Diarrhea Changes in Appetite or Water Consumption

Seizures Other _____

Does your pet need any other treatments today? (Please circle)

Vaccines Heartworm test FeLV/FIV testing Other _____

Anesthesia Consent

I do hereby authorize Valley Veterinary Associates to perform the administration of general anesthesia on my animal. I am aware of the risks involved and release Valley Veterinary Associates from any legal and financial responsibilities arising from anesthetic complications.

Signature of Owner or Responsible Agent _____ Date _____

Phone Number _____

Phone Number _____