Deason Animal Hospital, Inc. Canine Pre-Anesthetic Consent Form Please Read Carefully and Sign

Date:	Pa	itient:
Client:	Pa	atient ID #
Species:	В	reed:
Patient's Weight:	A	je:
understand that during the p	procedure unforeseen conditions to and authorized the performa	for the following anesthesia and procedure(s). Is may be revealed that necessitate an extension on nce of such techniques as necessary in the
Dentistry	Spaying/Neutering	Dewclaw Removal-Front Only
		Dewclaw Removal- All Four
Other procedure:		
Rabies Vaccination 1yr	DHLPP Vac	ccination Bordetella Vaccination
Rattlesnake Vaccination	No LEPTO	Deworm
Heartworm Test	Toe Nail Tr	m HomeAgain Microchip
Have your animal ever had	a vaccine or drug reaction? NO	YES
If yes, please explain:		
	Pre-Anesthetic	Blood Screening
of 24 months, and recomm will assess basic blood, kidr	nend for all patients, to have a ney, and liver functions, and can	hetic blood screen. We require every patient ov a pre-anesthetic blood screen before surgery. give us valuable information to change anesthetic at is included with PABS which is valued at \$33.

Perform bloodwork: YES

NO

Pain Management

Pain medication is not included in surgical procedures. If desired, an injection (**recommended**) will be given prior to surgery that lasts approximately 24 hours from the time of surgery. A tablet or liquid form is also available to be given orally to your pet for an additional three days at home for extended pain relief. Est. cost for injection \$15.20. Take home oral pills \$14.50. Both pain meds total cost \$30.00

Oral Meds:

Decline:

Please include pain medication: Injection:

Signature: _____

Daytime contact phone number(s): _____

Technician Checked-in_____