



# Animal Medical Center

Of Casa Grande PLLC

## Anesthesia & Surgical Consent Form

Owner's Name: \_\_\_\_\_ Phone Number (Where you can be reached **TODAY**): \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Surgery/Procedure: \_\_\_\_\_

When was the last time your pet ate: \_\_\_\_\_ AM/PM

### Pre-Anesthesia Blood-work

Pre-anesthesia blood-work is optional in patients under the age of 6 years old. The additional cost is \$\_\_\_\_\_.  
\*\*ALL pets at or over the age of 6 years old are required to have the "Senior Surgical Package" which includes pre-anesthesia blood-work, IV catheter and IV fluids during their procedure. The additional cost is \$\_\_\_\_\_.

YES, please perform this blood-work on my pet                       NO, I decline this blood-work on my pet

### SlimChip® Microchip

A microchip is a permanent form of identification which will help identify and return your pet should they get lost or stolen. The chip is about the size of a grain of rice and will not cause your pet any discomfort. The price of the chip and a lifetime enrollment is \$\_\_\_\_\_.

YES, Microchip My Pet     NO, I Decline the Microchip

I am the owner or authorized agent of the above named pet and hereby consent and authorize the above procedure(s) to be performed. I understand that there is always a risk associated with any anesthetic procedure, even in apparently healthy animals, and that results cannot be guaranteed. I also understand that it may be necessary to provide medical and/or surgical services which may not have been anticipated for the safety and/or care of my pet. I agree to be held responsible for any charges incurred while my pet is in the care of Animal Medical Center of Casa Grande PLLC. I understand that payment is due at the time my pet is released from the hospital.

\_\_\_\_\_  
Signature of Owner or Authorized Agent

\_\_\_\_\_  
Date

**I UNDERSTAND AND ACKNOWLEDGE THAT HOSPITAL STAFF IS NOT IN ATTENDANCE AFTER REGULAR BUSINESS HOURS. \_\_\_\_\_ (INITIAL)**