

**FIELDSTONE VETERINARY CARE SURGICAL  
K9 GENERAL ANESTHESIA CONSENT FORM**

Responsible Party: \_\_\_\_\_ Your pet's name: \_\_\_\_\_

Emergency phone where you may be reached at **during surgery**: \_\_\_\_\_ and/or \_\_\_\_\_

My pet is here today for the following procedure: \_\_\_\_\_

**(Please note that if your pet has fleas, it will be necessary for us to treat before surgery is performed. The cost will be approximately \$10).**

Has your pet had anything to eat or drink since midnight last night? If yes, amount and time?  
\_\_\_\_\_

Is your pet eating, drinking, and acting normally? **YES/NO**

Is your pet currently taking any medications? **YES/NO** If yes, please list the **medications** and **last time given**:  
\_\_\_\_\_

**\*\*Pre-anesthetic blood testing is *highly* recommended before any surgical procedure because it helps identify the patients with special medical conditions that may require additional supportive therapy to safely anesthetize your pet.\*\***

**Short profile (\$50)**

Gives the doctor info about the function of your pet's main organs (liver and kidneys).

**Long profile (\$70)**

Gives the doctor electrolyte levels in addition to the information collected in the short blood profile.

**Long profile/CBC (\$110)**

Gives the doctor the broadest range of information. Combines everything in the long profile in addition to a complete blood count.

Decline pre-anesthetic bloodwork.

While your pet is here with us we can also perform any of the following procedures:

• Approval to extract teeth?	(Additional cost will apply)	YES	NO
• K9 Rabies vaccine?	(\$17.50)	YES	NO
• K9 Distemper/Parvo/Lepto vaccine?	(\$39.50)	YES	NO
• Lyme vaccine?	(\$30)	YES	NO
• K9 Heartworm test?	(\$27)	YES	NO
• Anal gland expression?	(\$19)	YES	NO
• Ear cleaning?	(\$15)	YES	NO
• Nail trimming?	(\$11)	YES	NO
• Pain meds? (if needed)	(\$13)	YES	NO
• Microchip (includes activation fee)	(\$30)	YES	NO
• Therapy Laser (post-procedure)	(\$15)	YES	NO

*(Enhances healing and decreases inflammation- Not advised for growth removals)*

I understand that my pet will undergo anesthesia and that some risk of injury or death always exists with anesthesia and surgery. I have discussed any concerns I have about these risks with my veterinarian and my questions have been answered to my satisfaction. My signature on this form indicates that I will not hold FVC or any of its agents liable for any complications that may arise and that I understand that results cannot be guaranteed. **I hereby authorize Fieldstone Veterinary Care to perform the above procedures. I also understand that payment is due at the time my pet is picked up and will be paying today by check \_\_\_\_\_ cash \_\_\_\_\_ or credit card \_\_\_\_\_.**

Owner's signature: \_\_\_\_\_ Dated: \_\_\_\_\_