

**Anesthesia Consent**  
Homer Veterinary Clinic PC  
326 Woodside Ave. Homer, AK 99603  
(907) 235-8960

<b>Patient:</b> _____	<b>Surgery/Procedure:</b> _____	
<p style="text-align: center;"><b>Authorization of Blood Testing</b></p> <p>Preanesthetic blood work is performed on all patients prior to anesthesia. Most anesthetic drugs are removed from the body by the liver and the kidneys and therefore it is vital to know that these organs are healthy. Likewise it is important that patients have normal blood counts and clotting ability prior to surgery.</p> <p>If any of the test results are abnormal we will discuss findings with you and may decide to do one of the following:</p> <ol style="list-style-type: none"> <li>1. Postpone the procedure until a later date.</li> <li>2. Further testing to pursue a specific diagnosis.</li> <li>3. Proceed with anesthesia but adapt the drug protocol to meet your animal's needs.</li> </ol> <p>If all tests are normal, it does not guarantee that your pet will not have an anesthetic reaction but it does tell us that your pet is healthy and in a low risk category. If you have questions regarding the blood panel or anesthesia, please ask.</p>	<b>Surgery/Procedure Admission Questionnaire</b>	
	Has your pet eaten anything in the last 12 hours?	YES / NO
	Would you like a Homeagain Microchip?	YES / NO
	Pedicure	YES / NO
	Vaccinations	YES / NO
	If YES please list:	➤ ➤ ➤
	<i>Feline Only</i> FeLV/FIV Test	YES / NO
	<i>Canine/Feline Spay Only</i> Tattoo	YES / NO
	May we treat your pet's ears if parasites/signs of infection are found?	YES / NO
	Other: _____	

**Authorization/Consent for:** \_\_\_\_\_

As owner/agent, I authorize treatment and such surgical procedures as you deem necessary, use of anesthetics you deem advisable, and acknowledge inherent risks involved with procedures/anesthetics that could result in damage or death of my pet. I understand the estimate is an anticipation of expenses, and that unpredictable circumstances may cause the bill to exceed this amount. I consent to Homer Veterinary Clinic P.C. staff making decisions and taking such action as deemed advisable with no guarantee of results. The pet will be considered abandoned if within five days of written notice to do so, the pet is not collected. If abandoned, this clinic may rehome, adopt, or euthanize the pet. Fees for services will still be payable. I understand I am responsible for follow-up home treatment and medications prescribed. I will immediately contact the clinic with any questions or concerns about my pet's progress.

**I have been given a copy of the treatment plan for my pet and I agree to pay upon completion of my pets treatment.** \_\_\_\_\_ (Please initial)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name (please print):** \_\_\_\_\_ **Number to call after procedure:** \_\_\_\_\_

**Are you picking up the pet? If not whom?** \_\_\_\_\_

