

BAYOU SOUTH
Animal Hospital

Surgery Anesthesia/Sedation
Consent Form

5700 Hwy 14 Lake Charles, LA 70607

Today's Date: _____

Surgery Date: _____

Owner's Name: _____

Contact Phone#: _____

Alternate Phone#: _____

Patient's Name: _____

circle one: Canine Feline Other

Procedure to be performed today (circle one):

Spay Neuter Dental Anesthesia/Sedative

Other: _____

For the safety of your animal we recommend the following services and these services are additional to the price of the procedure:

1) Pre-anesthesia **Blood work** - before anesthesia is administered, screen your pet for any health risks which could contribute to unexpected anesthetic problems (additional) **\$48.00 YES or NO**

2) Administer **Fluids via IV** while under anesthesia (additional) **\$28.50 YES or NO**

3) **Laser Therapy Treatment** – post surgical treatment to the incision site and surgical area to help increase healing and also help with any pain/inflammation that can occur from the surgical procedure.

Highly Recommended (additional) **\$8.00 YES or NO**

4) **Canine Spay or Neuters ONLY:** Along with pain medication administered during surgery; additional pain medication can be added to be given at home. **\$5 - \$10** depending on patient's weight. **YES or NO**

5) **For Dental Procedures Only:** Do you give us permission to extract any teeth that the doctor finds necessary? Price will vary **YES or NO or Contact me first with price**

6) Administer **Microchip** to help recover your pet if ever lost or stolen. Registration is free (additional) **\$40.00 YES or NO**

7) If your pet is found to have fleas upon arrival, **flea control (capstar)** will be administered. We do not want to spread fleas to other patients in the clinic (additional) **\$7.50**

Please Note:

For Canine Spays an ADDITIONAL FEE will be charged if the patient is in-heat or pregnant during surgery.

For Canine and Feline Castrations an ADDITIONAL FEE will be charged if the patient is a Cryptorchid.

By signing this form you are acknowledging that you have been informed of the risks of anesthesia/sedation and are giving permission for Bayou South Animal Hospital to perform the procedures indicated above.

I am the owner of, or the duly authorized agent/representative for, the above listed pet, and do hereby give permission to Bayou South Animal Hospital to perform the above agreed upon procedure on my pet. I understand that it is possible for unforeseen conditions to exist, which may require an extension of the above procedure, or even the addition of a second procedure, and I authorize the use of anesthesia/sedative on my pet and realize that there is always some risk involved with their use and that results can not be completely guaranteed. I have read, understand, and give my consent to the above.

Signature _____

Date: _____