

Owner \_\_\_\_\_

Date \_\_\_\_\_

**Connolly Animal Clinic, Inc.  
Michael D. Connolly, DVM  
Surgery/Anesthesia Consent Form**

1. I consent and authorize Dr. Connolly and/or Dr. Blount to perform the following procedures or operations on (Patient Name) \_\_\_\_\_ Procedure \_\_\_\_\_  
 I understand that all reasonable care and precautions will be taken in performance of the procedures.  
 I understand that with any medical procedure, there are risks involved and I accept responsibility for those risks.

**\*\* These service costs are in addition to the surgery cost that will be performed today**

2. General anesthesia has become safer in recent years with the advent of newer drugs and better patient monitoring some conditions may not, however, be evident on a physical examination. We recommend a pre-surgical blood profile to ensure that your pet is in a low risk category prior to this procedure. This profile is similar to tests human physicians require before their patients undergo anesthesia. The results of these tests provide vital information about the functioning of internal organs, specifically the liver and kidneys. All of these systems must be working properly to enable your pet to recover from the anesthesia without complications. This evaluation will also serve as a valuable reference source if your pet becomes ill in the future.

**Please Initial Your Choice:**

\_\_\_\_\_ **Chem-8 Profile**                      **Healthy Patients 12 months and under**                      **Cost = \$58.50**  
 \_\_\_\_\_  Evaluates kidney function blood sugar levels and metabolic status

\_\_\_\_\_ **Pre-surgical Profile and CBC**                      **Healthy Patients 1-5 Years of Age**                      **Cost = \$87.50**  
 \_\_\_\_\_  Evaluates liver & kidney functions, blood sugar levels and metabolic status.

\_\_\_\_\_ **General Health Profile and CBC**                      **Patients Over 6 Years of Age**                      **Cost = \$101.50**  
 \_\_\_\_\_  Evaluates liver, kidney and pancreatic functions, blood sugar, cholesterol & immune status.  
 \_\_\_\_\_  Able to ID certain types of cancers

\_\_\_\_\_ I **decline** recommended pre-anesthetic blood work and request that you proceed with anesthesia.

**3. PAIN MEDICATION** **Min. Cost = \$23**

Pain medication will be used on every surgical case as part of a balanced anesthetic protocol.  
 In addition, post-op pain medication may also be used to keep your pet comfortable.

**4. I WOULD LIKE FOR MY PET TO RECEIVE A MICROCHIP PET RETRIEVAL SYSTEM**

Micro-chipping is a simple, painless method of pet identification. Microchips are rice-shaped computer chips that can be inserted under your pet's skin. These chips contain an identification number that will link you and your pet in the event he/she should become lost. Most United States shelters and Animal Hospitals are equipped with a scanner that reads your pet's ID number.

**Please Initial Your Choice:**

\_\_\_\_\_ I **request** that my pet be Microchipped during the time of his/her hospital stay. **Cost = \$23.90**  
 \_\_\_\_\_ I **decline** the Microchip Pet Retrieval System  
 \_\_\_\_\_ My pet already has a Microchip

5. I hereby authorize Dr. Michael Connolly/Dr. Wendy Blount to perform any diagnostic, therapeutic, and surgical procedures as are, in their opinion, necessary and advisable for treatment and maintenance for my pet's health and well being. I assume full responsibilities for all services rendered. I understand that anesthesia involves risks and hazards in addition to those involved with the recommended surgical, medical, or diagnostic procedure. I do request the use of anesthesia for the relief and protection from pain during the performed procedures. I realize that no guarantee or warranty can ethically or professionally be made regarding the results or cure.

\_\_\_\_\_  
**Signature of Owner**

\_\_\_\_\_  
**Date**