Runge Veterinary Clinic
General Anesthesia/Surgery Consent

Owners Name: ________________________ Pet’s Name: __________________________

I, the undersigned, certify that I am the owner/agent of the animal described above. I give Runge Veterinary Clinic permission to perform anesthesia and the following procedures: ___________________________________________________________

While there are risks associated with general anesthesia, be assured the Runge Veterinary Clinic will take every precaution to minimize risk by always performing the following:

♦ Physical Exam prior to anesthesia
♦ Endotracheal intubation and oxygen therapy
♦ Injectable and inhalant (Isoflurane gas) anesthetics based on your pet’s age and specific needs.
♦ Postoperative pain medication recommended by Veterinarian

I understand the following procedures are optional, but highly recommended:

<table>
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<th>Yes</th>
<th>No</th>
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| ☐   | ☐  | Pre-operative Blood work (recommended on all pets, especially if older than 4 years)
| ☐   | ☐  | Blood work fee ($40)
| ☐   | ☐  | Intravenous catheter with fluids therapy ($60)
| ☐   | ☐  | Oral Pain Medications to go home ($12)
| ☐   | ☐  | Antibiotics to go home ($18)
| ☐   | ☐  | Fecal Exam- Recommended annually ($15)
| ☐   | ☐  | Heartworm Test for dogs ($24); Fel V/FIV test for cats ($40)
| ☐   | ☐  | Microchip ($35)
| ☐   | ☐  | Dental cleaning add on ($40)
| ☐   | ☐  | Fluoride treatment ($10)
| ☐   | ☐  | Heartworm/Flea prevention product for home
| ☐   | ☐  | Does the above pet have any history of SEIZURES?
| ☐   | ☐  | If you can’t be reached, do you want the veterinarian to proceed on his/her own discretion?

It is important that we have a phone number where you can be reached if consultation is necessary before, during and after your pet is under anesthesia:

Phone Number: ______________________________

If my pet is being spayed, I understand that there will be an additional charge of $30.00 if she is found to be in heat or pregnant.

I hereby authorize Runge Veterinary Clinic to perform such diagnostic, therapeutic and surgical procedures as described above. The nature of such services has been described to me to my satisfaction. I realize that there are risks involved with any anesthesia or surgical procedure and that no guarantee or warranty can be made regarding the results or cure. I also authorize the staff, in an emergency situation, to follow through with such procedures as are necessary for the well being of my pet on a continuing basis until further communication with me. I have been given an estimate and understand that this is an approximation of planned procedures and the final bill may be less or more than this amount. I understand that I assume financial responsibility for all Services rendered.

Owner’s Signature: ______________________________________________ Date: ______________________________