

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:

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Pre-operative Blood work (recommended on all pets, especially if older than 4 years)
Blood work fee (\$60) |
| <input type="checkbox"/> | <input type="checkbox"/> | Intravenous catheter with fluids therapy (\$60) |
| <input type="checkbox"/> | <input type="checkbox"/> | Pain Medication to go home (\$12+) 48 hr. injection included in all spay and neuters. |
| <input type="checkbox"/> | <input type="checkbox"/> | Antibiotics to go home (\$18+) 48 hr. injection included in all spay and neuters. |
| <input type="checkbox"/> | <input type="checkbox"/> | Canine Rabies (\$14) |
| <input type="checkbox"/> | <input type="checkbox"/> | Distemper/Parvo Combination (\$20) |
| <input type="checkbox"/> | <input type="checkbox"/> | Heartworm Test (\$30) |
| <input type="checkbox"/> | <input type="checkbox"/> | Fecal Exam- Recommended annually (\$15) |
| <input type="checkbox"/> | <input type="checkbox"/> | Microchip (\$35) |
| <input type="checkbox"/> | <input type="checkbox"/> | Dental cleaning add on (\$55) |
| <input type="checkbox"/> | <input type="checkbox"/> | Heartworm/Flea prevention product for home |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the above pet have any history of SEIZURES ? |
| <input type="checkbox"/> | <input type="checkbox"/> | 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 \$45 if 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: _____