



Austin Urban Vet Center

Anesthetic Consent Form

Client Name: Last _____ First: _____

Pet Name: _____ Weight: _____

My pet **did not** eat or drink past 10pm last night. _____ (please initial)

Procedure(s) being done today _____

Contact number for today _____

• Anesthetic Procedures:

Here at Austin Urban Vet Center, **every anesthetic procedure** will include pre-operative blood work, peri-operative IV fluids and catheter, and state of the art anesthetic monitoring to **ensure the utmost safety of your pet during all surgical and dental procedures.**

I have read and understood the above statement. _____ (please initial)

• Pain Medications:

We want your pet to be comfortable while in the clinic and once they are home. **All patients undergoing surgery will be given pain medication.** An **additional charge** will be applied according to pet's weight.

I have read and understood the above statement. _____ (please initial)

• Lump Removal:

If a lump is suspected to be cancerous, it will be sent out for analysis. **\$100.00 to \$125.00 per biopsy**

I have read and understood the above statement. _____ (please initial)

• Microchip: **\$45.00**

Yes _____ (initial) No _____ (initial)

SHOULD FOR ANY REASON MY PET NEED ADDITIONAL CARE DUE TO UNKNOWN ILLNESS OR EMERGENCY:

_____ **DO WHAT IS NECESSARY**

_____ **ONLY MAKE PET COMFORTABLE until speaking with me or my emergency contact.**

Signature _____

Date _____

Full payment is expected at time service is rendered. I understand there are risks associated with any procedure performed at Austin Urban Vet Center.