



Animal Health Center of Franklin

Anesthesia / Surgery Consent Form

Owner's Name: _____ Pet's Name: _____

Phone Number(s): _____

When did your pet last eat? _____

I, being responsible for the above animal, have the authority to grant my consent to receive, prescribe for, treat and/or upon my pet. I understand that the treatments contemplated are: General Anesthesia for the following medical or surgical procedures(s):

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

Pre-Anesthetic Blood Testing:

Like you, our greatest concern is the well-being of your pet. Our in-house laboratory is fully equipped to perform most laboratory test immediately. The combination of physical examination and blood test analyses allows us to evaluate your pet's heart, liver, and kidney function prior to proceeding with anesthesia. Unless appropriate blood testing has been performed within the last 12 months, we require it on all pets over 6 years of age.

We strongly recommend blood testing on pets under 6 years of age as well.

_____ *Yes*, please do the appropriate blood testing.

_____ *No*, please do not do blood testing on my pet.

(This is not an option for pets over 6 years of age or for certain procedures)

HomeAgain Microchip: _____ *Yes*, microchip my pet while under anesthesia.

I acknowledge that all my contact information has been verified with a staff member of AHC _____

_____ *No*, do not microchip my pet

Please read and initial:

_____ 1. We must have proof of current vaccinations on all animals admitted for treatment or the animal will be vaccinated at the owner's expense.

Dogs: DA2PP and Rabies within the past 12 months and kennel cough within the past 6 months.

Cats: FVRCP and Rabies within the past 12 months.

_____ 2. If your pet has fleas or ticks on admission, we require appropriate treatment at the owners expense.

I understand that The Animal Center will use all reasonable precautions to guard against injury, escape or illness of my pet. It is thoroughly understood that I accept all associated risk and will not hold The Animal Health Center liable or responsible in any manner related to the care and safekeeping of my pet. I understand that I am responsible for any and all debt incurred. Payment in full is due at time of discharge. Default penalty: In the event of abandonment of pet or default of payment, this account may be turned over for collection. I agree to pay all collection costs, including, but not limited to attorney and court costs.

Signature of Owner or Responsible Party

Date