



# SOUTH PEAK VETERINARY HOSPITAL, P.C.

## CONSENT FOR DROP OFF / ANESTHESIA

OWNER'S NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

I, the undersigned owner (or owner's agent) of \_\_\_\_\_, hereby authorize the doctors and staff of South Peak Veterinary Hospital to perform the procedures listed here which may or may not require the use of anesthesia: \_\_\_\_\_

When was the last time your pet ATE? \_\_\_\_\_

DRANK? \_\_\_\_\_

Is your pet on medication(s)? Yes  No

If so, what are they: \_\_\_\_\_

Last dose? \_\_\_\_\_

May we x-ray your pet if needed? Yes

No

May we perform a therapeutic laser treatment if needed? Yes

No

The suggested blood work to be analyzed is: \_\_\_\_\_

I accept \_\_\_\_\_ I decline \_\_\_\_\_ the suggested blood work.

**I understand that some risks always exist with anesthesia, and I have discussed and am satisfied with the explanations regarding the planned procedure(s) and what they entail, post-operative recovery, potential complications, and follow-up care required. Please initial \_\_\_\_\_.**

**If your pet is found to have fleas during our pre-surgical exam it will be necessary to treat them. This will be done with a medication called capstar. Please initial \_\_\_\_\_.**

**Dose 2-25# is \$6.45 ea / Dose over 25# is \$6.70 ea.**

**Our doctors reserve the right to postpone any surgery if not treated to avoid post-operative infection and contamination of our surgical suite.**

I am aware of the fees involved for the service(s) described above, and am aware that a deposit may be required today, with the balance due at the time of my pet's discharge.

Neither South Peak Veterinary Hospital nor its' employees will be held responsible for any lost or damaged items that you choose to leave with your pet.

While I accept that all procedures will be performed to the best of the abilities of all the staff of South Peak Veterinary Hospital, I understand that no guarantee or warrantee has been made regarding the results that may be achieved.

I have read and fully understand the terms and conditions set forth.

\_\_\_\_\_  
Signature of owner or owner's agent

\_\_\_\_\_  
Date

I can be reached at the following phone numbers today:

First number to call: \_\_\_\_\_

Second number to call: \_\_\_\_\_