



Austin Urban Vet Center

ANESTHETIC CONSENT FORM

YOUR Name: Last _____ First: _____

PET Name: _____

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

Procedure(s) being done today _____

Contact number for today _____ Email: _____

Preferred Method of Contact? (circle one) Call / Text

Doctor Preference? (circle one)

Dr. Erin Homburg / Dr. Helen Rudnick / Dr. Laurie Johnson / Dr. Kristen Kjellberg / No Preference

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.**

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

Lump Removal:

If a lump is suspected to be a concern, it will be sent out for analysis. **\$150.00 to \$200.00 per biopsy**

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

Additional Services:

- I would like my pet to receive a microchip: \$47.00 Yes _____(initial) No _____(initial)

If the doctor deems it beneficial:

- I would like my pet to receive laser therapy today for \$39.00 Yes _____(initial) No _____(initial)
- I would like my pet to receive acupuncture today for \$40.00 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.

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

Signature _____

Date _____