



**SUN CITY ANIMAL HOSPITAL
CONSENT FOR ANESTHESIA
AND/OR TREATMENT**

OWNER'S NAME: _____ **PET'S NAME:** _____

Pet Insurance Provider _____ Would you like to talk about pet insurance options?
Yes / No

Phone number where you can be reached today: _____

Procedure: _____

**Please review the following consent.
If there are any questions, please ask the receptionist or doctor.**

I am the owner/agent and have the authority to authorize consent for the above pet.

I agree that after consultation with me, the hospital's doctors may prescribe medication to treat, hospitalize, sedate, anesthetize, and/or perform surgery on this animal. I understand that some risks exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure is initiated. Should some unexpected life-saving emergency care be required, and the attending veterinarian be unable to reach me, the hospital staff has my permission to provide such treatment and I agree to pay for such care. Reasonable precaution will be used against injury, escape, or death of this pet. The clinic and staff will not be held responsible provided reasonable care and precautions are followed.

I realize that results cannot be guaranteed, and all charges are to be paid in full when my pet is released from the hospital.

I authorize members of the Sun City Animal Hospital staff to administer medications based on the veterinarians' directions.

I understand that veterinary care during nighttime hours and/or weekends is provided at the discretion of the attending veterinarian. Continuous presence of personnel may not be provided during these hours.

We will perform a complete physical examination before anesthetizing your pet. However, many conditions including disorders of the liver, kidneys, pancreas, or blood can only be detected through additional testing. We require that all anesthetic cases have preliminary bloodwork within 3 months of their anesthesia, to evaluate if any of these disorders exist.

Our hospital is fully equipped to perform a blood chemistry panel and complete blood cell count. Results will be immediately available prior to anesthesia and/or surgery.

Signature: _____ **Date:** _____