



Eudora Animal Hospital

1905 Elm Street
Eudora, Kansas 66025
(785) 542-3265

Surgery and Anesthesia Consent Form

Client's Name: _____ Pet's Name: _____ email _____

Procedure(s) to be performed: _____ Estimated Cost (_____)

Pre-Anesthetic Blood Screen: Our on-site laboratory lets us screen for hidden problems before your pet's treatment begins. If any of these tests are **abnormal**, we will discuss our findings with you and discuss the following options:

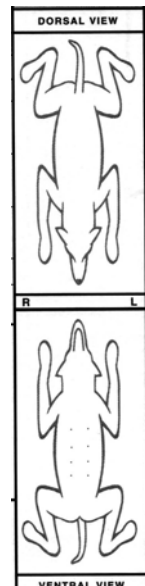
- Postpone the anesthesia procedure until a later date.
- Further testing to pursue a specific diagnosis.
- Proceed with the anesthesia, but alter the drugs and procedures.

If all the tests are **normal**, it does not guarantee that your pet will not have an anesthetic risk, but does tell us that your pet is healthy and in a low risk category. If you have any questions please ask your veterinarian.

Pain Management: Your pet's comfort is important to us. We proactively control pain associated with any procedure with appropriate pain management medications.

Service Options:

Pre-anesthetic blood screen (\$35)	Yes	No	
Pain Management/Medication (\$20-\$35)	Yes	No	
Home Again Microchip (\$40)	Yes	No	
Porphyromonas Vaccine (\$25)	Yes	No	
OraVet Barrier Sealant ()	Yes	No	
Fluoride Topical Treatment (\$10)	Yes	No	
Flea and Tick Treatment ()	Yes	No	(if needed)
Heartworm Prevention ()	Yes	No	



Authorization and Risk Assessment

I authorize anesthesia/surgery for my pet. The nature and risks of this procedure have been explained to me. I understand that some risks exist with anesthesia and/or surgery and I am encouraged to discuss any concerns associated with risks with my veterinarian before the procedure(s) is started. My signature on this consent form indicates that questions have been answered to my satisfaction and I agree to pay for all services.

I authorize Eudora Animal Hospital to perform any additional diagnostic, treatment, or surgical procedure(s) deemed necessary for medical or surgical complications or any unforeseen circumstances. I understand the risks and understand that the veterinarians and hospital team will do everything possible to reduce any risks. I will not hold Eudora Animal Hospital, the veterinarians, or any team member liable for any complications that may arise.

I HAVE READ AND FULLY UNDERSTAND THIS SURGERY AND ANESTHESIA CONSENT FORM.

Authorized Agent/Owner _____ Date _____