

LAKESIDE ANIMAL HOSPITAL

5206 Lakeside Avenue

Richmond, VA 23228

(804) 262-8697

Staff Use Only:	
Date:	
Time:	
Staff ID (checked in by)	
Client ID:	
Patient ID:	
Vax Hx Confirmed	
Client Info Updated	
Estimate(s) Signed	

SURGICAL & DENTAL - ANESTHETIC CONSENT Form

I, being responsible for (Patient's Name) _____, have the authority to grant Lakeside Animal Hospital, my consent to receive, prescribe for, treat and/or operate upon my pet. I understand the necessary surgery or treatment contemplated is as follows:

- Dental Prophy
- Ear Cleaning/Flush
- Spay
- Neuter
- Declaw (Front Paws Only)
- X-Rays
- Home Again Microchip Implanted
- Other:

Please initial next to each item upon review:

_____ I have received copy of written estimate.

_____ I understand if my pet is not free of external parasites such as fleas and/or ticks, my pet will be treated appropriately at my expense.

_____ I understand my pet must be immunized against rabies, Distemper and Bordatella in order to be hospitalized for any period of time at Lakeside Animal Hospital. Otherwise, my pet will be treated at my expense.

_____ I understand that pre anesthetic bloodwork will be done, at owners cost, prior to the patient being anesthetized for his/her safety.

Dental Procedure / Extraction Waiver:

While the patient is having a dental procedure performed today, I authorize the veterinarian to perform any extractions deemed necessary at the veterinarian's discretion. There is potentially an additional cost for this procedure. (Initial) _____

I HAVE READ THE FOREGOING, UNDERSTAND WHAT IS DESCRIBED, AND AGREE TO ALL TERMS.

Authorization Signature: _____

Date: _____

Signer's Name (printed): _____

Primary Phone No.: (_____) _____ Secondary Phone No.: (_____) _____