



ANESTHETIC, SURGICAL & DENTAL 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 Prophylaxis
- Ear Cleaning/Flushing
- Spay
- Neuter
- Declaw (Front Paws Only)
- X-Rays
- Other: _____

Desired Pick Up Time: _____ When did your pet last eat? _____

Please **initial** next to each item upon review:

_____ I have received a copy of the 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 bordetella 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 blood work will be done, at owner's expense, prior to the patient being anesthetized for his/her safety.

_____ I understand that Lakeside Animal Hospital does **NOT** provide 24 hour staffing for any animal left overnight at the hospital. Staffing hours are Mon-Fri 7am-7pm; Sat 7am-1pm.

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.: (_____) _____