

beverly hills animal hospital



ANAESTHETIC CONSENT FORM					
Pet's Name			Surname		
Date	/ /				
Species	<input type="checkbox"/> Feline	<input type="checkbox"/> Canine	<input type="checkbox"/> Rabbit	Other: (Specify)	
Breed			Weight	Age	
Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Desexed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Procedure					
Medications Given Today?			Previous Meal Time		
Additional Procedures					
Estimate for Procedure					
Contact Number for Today			2nd Contact		
Permission to extract teeth if non-contactable (for dentals)?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		
Can we use photos of your pet on social media?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		

Pre-anaesthetic Blood Testing (*NEW* now including a cell count). To help reduce the risks associated with anaesthesia, we recommend a blood test prior to anaesthetics. This test allows us to check several parameters including red and white cell counts, as well as liver and kidney function. The results of this test may alter the type of anaesthetic agent used, or require the use of intravenous fluids before and/or after the procedure.

This test carries an **additional cost of \$125**. Please indicate below if you would like this test carried out.

Yes No

This document confirms the consent I have given to Beverly Hills Animal Hospital to proceed with veterinary treatment to the pet as described above.

I understand that there are certain inherent and potential risks in any treatment plan or procedure. I acknowledge that I have had the opportunity to ask questions about the nature, extent and purpose of the proposed treatment and that I have been given sufficient time and information to make an informed decision.

I do not expect the Veterinary practitioner to be able to anticipate (beyond which is expected of any reasonable or competent clinician) every potential risk and complication associated with the treatment/procedure proposed.

I also confirm that I have been provided with an estimate of the veterinary and associated fees relevant to the proposed treatment to which I am consenting. I confirm that unexpected complications can arise which may vary that estimate. I understand that the veterinarian will attempt to inform me if the proposed fees are likely to exceed that estimate.

I confirm that I am responsible for the full payment of fees upon completion of treatment or discharge from hospital. If there are any concerns with this, I have discussed this with the veterinarian.

Owner Name (or Authorised Agent): _____

Signature: _____ Date: _____