



## CONSENT FOR SURGERY AND ANESTHESIA

<b>PATIENT</b>	<b>Sex</b>	<b>OWNER</b>
Age	Color	Address
Species	Markings	Phone:
Breed	ID	How I Can Be Reached Today:

Anesthetic and Surgical Procedures to be performed: \_\_\_\_\_  
 \_\_\_\_\_

Pre-anesthetic Bloodwork is recommended for all of our patients undergoing sedation and/or anesthesia. This bloodwork allows us to screen for pre-existing conditions and identify any unseen disease processes that may contribute to increased recovery times from anesthesia. Agreeing to the bloodwork also provides surgical peace of mind knowing you are doing everything possible to help ensure positive outcome for your pet.

\_\_\_\_\_ Please complete the recommended pre-anesthetic bloodwork.  
 \_\_\_\_\_ I am declining the recommended pre-anesthetic bloodwork and understand there may be an increased anesthetic risk as a result.

Veterinary Cold Laser Therapy, or VCLT, has more recently entered the veterinary world as a unique, effective therapy. The VCLT technique has been shown to help in treating arthritis pain, to accelerate wound healing, and to reduce acute tissue inflammation. Treatment is non-invasive and state of the art. VCLT involves the use of Low Level "Cold" Laser Therapy at a specific frequency to stimulate healing. Light Amplification by Stimulated Emission Rays or LASER, is a safe, highly concentrated coherent light which can be altered to attain many different outcomes. It is a natural and biological therapy which uses light to restore health to ailing cells.

\_\_\_\_\_ Please use Veterinary Cold Laser Therapy after the procedure is completed.  
 \_\_\_\_\_ I am declining the Veterinary Cold Laser Therapy

While your pet is here today would you like any of the following services to be performed? These services will incur additional costs.

\_\_\_\_\_ Flea Control for small mammals      \_\_\_\_\_ Nail Trim      \_\_\_\_\_ Microchip  
 \_\_\_\_\_ Fecal to check for intestinal parasites      \_\_\_\_\_ Other

\_\_\_\_\_ I certify I am at least 18 years of age.  
 \_\_\_\_\_ I authorize Exotic Animal Care Center to perform such diagnostic, therapeutic and surgical procedures as are, in their opinion, necessary and advisable for treatment and maintenance of my pet's health. The nature of such services has been described to my satisfaction and, while I expect all procedures to be done to the best of the abilities of the professional team, I realize that no guarantee or warranty can ethically or professionally be made regarding the results.

Should an unexpected emergency situation arise I authorize Exotic Animal Care Center to provide life-saving treatment until the hospital staff is able to contact me for further directives and authorization by me, either verbally or in writing, for the continued care of my pet.

\_\_\_\_\_ I decline CPR or any other life-saving treatment.  
 I understand a deposit of 50 % of the high end of the estimate is due before these procedures will begin and the remaining balance will be paid in full at the time my pet is discharged from the hospital.

Signature \_\_\_\_\_ Date \_\_\_\_\_



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Signature	Date
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