

DOGWOOD ANIMAL HOSPITAL

5900 Chapman Highway
Knoxville, TN 37920
865-577-0344

Consent to Anesthesia/Surgery/Dentistry

Date: _____ Owner's Name: _____

Pet's Name: _____ Procedure: _____

The undersigned hereby warrants that he/she is the owner or authorized agent of the above-named animal and does hereby request, consent and authorize Dogwood Animal Hospital, its veterinarians, personnel and agents to board, hospitalize and to administer vaccinations, medication, tests and surgical procedures, anesthetics or treatments of said animal. During dental cleanings, for the health of the pet, minor extractions may be performed without prior discussion with owner. Major extractions will not be performed without the owner's explicit consent. **Additional Charges May Apply to Extractions.**

Acceptance of Recommended Care

Additional Charges Apply

Safety Measures

IV Catheter / Fluids Yes No

Pain Control

Presurgical Yes No
Take Home Yes No

Blood Work:

Pre-Anesthetic Profile Yes No
Diagnostic Profile Yes No
Heartworm Test Yes No
FeLV/FIV Test Yes No

Microchip

Yes No

NOTE: All animals admitted must be current on their vaccinations and must be free of external parasites. Any animal found to have fleas or ticks will be treated at owner's expense.

I hereby authorize Dogwood Animal Hospital to perform such diagnostic and surgical procedures described above. The nature of such services has been described to me to my satisfaction. I realize there is always some risk involved with anesthetics and neither guarantee nor warranty can ethically or professionally be made regarding the results or cure. I also authorize the hospital staff in an emergency situation to follow through with such procedures as are necessary for the well being of my pet on a continuing basis until further communication with me. I understand that I assume full financial responsibility for all services rendered.

Signed by owner: _____ Emergency Phone Number: _____