

Animal Health Clinic of Humboldt 626 2nd street, Humboldt SK (306) 682-2583

Surgery/Anesthesia/Sedation Consent Form

Owner's Name:		**Emergency Contact #:			
Pet's Name:		Procedure:			
Has your pet been fasted?				YES	NO
Is your pet fully vaccinated?			YES	NO	
If your pet is not fully vaccinated or is due for vaccines, would you like them to be vaccinated? Cost \$38			YES	NO	
Is your pet on medication? If so what kind and when was it last given:				YES	NO
Do you have any other concerns such as: (circle all that apply) vomiting, diarrhea, sneezing, abnormal urination, itchy ears, other					NO
Is your cat an inside or outside cat? (we will not trim nails if outside) Inside					Outside
If your pet has any baby to them removed? Cost: \$20 per tooth	eeth (retained decid	uous) would yo	u like	YES	NO
Has your pet been in heat recently? If so when:				YES	NO
If your pet is pregnant would you wish to continue with procedure?				YES	NO
Would you like your pet microchipped while sedated? Cost: \$30			YES	NO	
			blood cel		tells us how
Comprehensive Recomi	mended for animals cory for animals over		YES	5	NO
Intravenous Fluids help to anesthetic drugs and quick				faster m	etabolism of
Would you like your animal on IV fluids during the YES NC procedure? \$55 + tax				NO	
Risks associated with sed understand the possible risk the permission to perform the cost. I understand payr that a deposit may be requaDDITIONAL FEES FOR THE TREATME	to anesthesia. I gi any necessary life si nent for all procedu ired.	ive the staff of A upporting proce res is due at the	nimal He dures wit time of	alth Clinic hin reaso	of Humboldt n and accept
Signature:	Date:				