

**LAYTONSVILLE VETERINARY PRACTICE**  
**5910 SUNDOWN RD**  
**LAYTONSVILLE, MD. 20882**

**Surgery and Anesthesia consent form**

I, \_\_\_\_\_ consent to anesthesia for my pet

and request the following procedure(s):

If I am not reachable at the following telephone number(s): \_\_\_\_\_, I authorize Laytonsville Veterinary Practice to make medical decisions on my behalf concerning my pet.

**PRE-ANESTHESIA PROFILE** – Your pet will be undergoing general anesthesia plus a surgical procedure today. In order to recognize any underlying abnormalities your pet may have, we recommend having a **pre-surgical blood profile and CBC (\$44)** run on your animal.

These blood tests will help us to assess the health status of your pet more completely and determine if there are any additional precautions we need to take before surgery. We highly recommend a **full blood profile (\$74)** for our senior pets. The fee for bloodwork is not included in the surgical estimate.

I DO  DO NOT  wish to have the pre-surgical bloodwork run today.

PREVIOUSLY DONE

**LASER ASSISTED SURGERY** is available for your pet at an additional cost:

Laser Level 1 - \$64      Laser Level 2 - \$87

The advantages are:

- Seals raw throbbing nerve endings... Reducing post-operation pain
- Produces little or no blood loss
- Produces little or no swelling
- Allows precision in removal of abnormal tissues

I DO  DO NOT  request the use of the laser.

**PAIN MANAGEMENT** should be considered for all surgeries. The dosages and duration of medications, which may affect fees charged, will be left at the doctor's discretion. Pain management incurs additional costs.

I DO  DO NOT  request pain management.

**MICROCHIP (Home Again) - \$46.00** I DO  DO NOT  PREVIOUSLY DONE

I understand that veterinary care during nighttime hours and/or weekends is provided at the discretion of the attending veterinarian. Continuous 24 hour presence may not be provided during these hours.

Signature \_\_\_\_\_

Date \_\_\_\_\_