

**LAYTONSVILLE VET 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 numbers: _____, I authorize Laytonsville Veterinary Practice to make medical decisions on my behalf concerning my pet.

PRE-ANESTHESIA PROFILE - In order to assess the health status and identify any pre-existing abnormalities that might affect anesthesia and surgery, we highly recommend presurgical blood work (standard at \$47 or comprehensive for senior pets at \$79). The fee for blood work is not included in the surgical estimate.

I DO _____ DO NOT _____ wish to have the pre-surgical blood work run today.

PREVIOUSLY DONE _____

IV CATHETER - The placement of an intravenous catheter pre-operatively allows our surgical team to better manage your pet's blood pressure and cardiac output during anesthesia, which makes for a safer anesthetic experience. The cost of this is \$64.

I DO _____ DO NOT _____ authorize IV fluids.

LASER ASSISTED SURGERY is available for your pet at an additional cost - Laser Level 1 - \$68 - Level 2 - \$92

The advantages are:

- Seals raw throbbing nerve endings....reducing post-op 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 - \$49 A microchip is useful as a means of identifying your pet if they are lost or stolen.

PLEASE IMPLANT _____ DO NOT IMPLANT _____

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

Signature _____ Date _____