



beverly hills animal hospital

ANAESTHETIC CONSENT FORM					
Pets Name		Surname		Date	/ /
Species	<input type="checkbox"/> Feline	<input type="checkbox"/> Canine	<input type="checkbox"/> Avian	Other: (specify)	
Breed			Weight		Age
Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Desexed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Procedure					
Last Vaccination	/	/	Previous Meal		
Additional Procedures					
Estimate for Procedure			Contact Number for today		

Pre-anaesthetic Blood Testing: To help reduce the risks associated with anaesthesia, we recommend a blood test prior to anaesthetics. This test allows us to check several things including liver and kidney function. The results of this test may alter the type of anaesthetic agent used or require the use of intravenous fluids during the procedure. This test carries an **additional cost of \$88.00**. Please indicate below if you would like this test carried out.

YES / NO (PLEASE CIRCLE)

This document confirms the consent I have given to Beverly Hills Animal Hospital to proceed with veterinary treatment to the pet as described above.

I understand that there are certain inherent and potential risks in any treatment plan or procedure. I acknowledge that I have had the opportunity to ask questions about the nature, extent and purpose of the proposed treatment and that I have been given sufficient time and information to make an informed decision.

I do not expect the Veterinary practitioner to be able to anticipate, beyond that which is expected of any reasonable / competent clinician, every potential risk and complication associated with the treatment / procedure proposed.

I also confirm that I have been provided with an estimate of the veterinary and associated fees relevant to the proposed treatment to which I am consenting. I confirm that unexpected complications can arise which may vary that estimate. I understand that the veterinarian will attempt to inform me if the proposed fees are likely to exceed that estimate.

I confirm that I am responsible for the full payment of fees upon completion of treatment or discharge from hospital. If there are any concerns with this, I have discussed this with the veterinarian.

Owner Name (or Authorised Agent) _____

Signed: _____ Date: _____