

# EVH

Eastside Veterinary Hospital  
CANINE SURGERY/ANESTHESIA PERMISSION FORM

PET  
NAME: \_\_\_\_\_ SEX: \_\_\_\_\_

**MUST BE CURRENT ON VACCINATIONS**

As owner or agent of the owner of the above animal, I hereby give my consent to Eastside Veterinary Hospital to perform the following procedures:

**Pre-Anesthesia Profile (check one)**

For the safety of your pet we highly recommend a pre-anesthesia blood profile. This test will help us determine the status of the liver and kidneys to see if they are healthy.

- Pets under 7 years
- Not at this time
- Pets over 7 years

**IV Catheter for Anesthesia (check one)**

We recommend fluids during surgery to maintain blood pressure and provide an access to the heart for emergency drugs if needed.

- Administration of fluids during anesthesia
- Not at this time

**Additional Procedures for Dogs**

<input type="checkbox"/> DHLPPC, Kennel Cough, Rabies		<input type="checkbox"/> Glaucoma Test	
<input type="checkbox"/> Dental Cleaning & Polishing		<input type="checkbox"/> Clip Nails	
<input type="checkbox"/> Flouride Treatment		<input type="checkbox"/> Micro Chip Package	
<input type="checkbox"/> Ear Cleaning		<input type="checkbox"/> Heartworm Solo Test	
<input type="checkbox"/> Flea & Tick Treatment		<input type="checkbox"/> Express Anal Glands	
<input type="checkbox"/> Deworm (by weight)		<input type="checkbox"/> Pain Management	

I understand that during the performance of this procedure (s), unforeseen conditions might be revealed that necessitate an extension or variance in the procedure(s) set forth. I expect Eastside Veterinary Hospital to use reasonable care and judgment in performing the procedure(s). Possible complications of anesthesia include, but are not limited to: post anesthetic sedation, seizures, and death. The nature of the procedure (s) and risks involved has been explained to me and I realize results cannot be guaranteed. I am also aware that unforeseen events resulting from the procedure(s) will not relieve me from any obligation to all reasonable costs incurred regarding the animal.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone numbers: \_\_\_\_\_