REGIONAL VETERINARY SERVICE ANESTHETIC CONSENT

Owner's Name	_ Date
I amI am not on record here.	
Phone number where I can be reached at time of procedure	
Aminal's Name	Age
This pet is is not already on record.	
The surgery or treatment contemplated is:	
I understand my pet will be undergoing anesthesia and there ar procedure. If my pet is in heat or pregnant, a greater risk for the additional cost.	· ·
My pet is currently on Heartworm Preventative yes	s no
If your dog is over 1 year of age and not on preventative a heartworm test is required before any anesthetic procedure.	
For the safety of your pet, Regional Veterinary Service recommon performed before any anesthetic procedure. If this has not been to explain the benefits and cost at this time.	. •
consent to the recommended presurgical bloodwork	yes no
consent to the vaccinations being updated at this time	yes no
request pain medications for my animal at an additional cost	yes no
request a microchip be implanted at this time	yes no
All charges including boarding shall be paid upon release from the hospital. If the pet is not called for within 5 days after the time specified for return and if the doctor is not notified in writing of an alternative date within the 5 day period, the animal will be considered abandoned and may be disposed of as the doctor sees fit. It is understood that this does not relieve me from paying for all costs of your services and use of your hospital including the cost of boarding. All anesthetic procedures include one overnight stay. Additional boarding will be billed accordingly. After carefully reading the above, I being the responsible party for the above described animal grant you my consent to receive, anesthetise, prescribe for, treat and or operate upon my pet.	

Owner or Responsible Party