

*Amber Leaf Animal Hospital  
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## **SURGICAL / ANESTHESIA CONSENT FORM**

Owner Name \_\_\_\_\_ Pet Name \_\_\_\_\_

Species \_\_\_\_\_ Breed \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_

**I am the owner or authorized agent of above described animal and hereby authorize Amber Leaf Animal Hospital to perform the following procedures including the administration of sedatives and/or anesthetic agents and pain medication**

Surgery \_\_\_\_\_

Other \_\_\_\_\_

**Pre-Anesthetic Lab work will be performed on all pets prior to surgery to help ensure your pets safe anesthesia. This lab work will check the following things: BUN, Creatinine, Total Protein, Glucose, Alkaline Phosphatase, ALT, Complete Blood Count, Sodium, Potassium & Chloride.**

**We believe that this is in the best interest of all pets undergoing anesthesia. If lab work has been done within the last month, the Doctor may choose not to repeat lab work. This will be at the Doctors discretion.**

\_\_\_\_\_ **Microchip Implant. This is a computer chip that can be painlessly inserted under the skin of your pet while it is anesthetized. The microchip is an important tool used worldwide, for identifying pets.**

**Amber Leaf Animal Hospital is to use all reasonable precautions against injury, escape, or death of my pet. I understand that all anesthetics involve some risk to my pet, and that results cannot be guaranteed. Amber Leaf Animal Hospital will not be held liable or responsible in any manner for any adverse outcome, as it is thoroughly understood that I assume all risks. Financial responsibility for services rendered is due in full at time of discharge.**

Signed \_\_\_\_\_ Date \_\_\_\_\_

Emergency Phone \_\_\_\_\_

