

**Nasa Pet Hospital  
16902 North Highway 3  
Webster, Texas  
281-332-3418**

**STANDARD CONSENT FORM**

Owner's Name: \_\_\_\_\_ Patient's Name: \_\_\_\_\_

1) I hereby authorize Dr. \_\_\_\_\_ and whomever he/she may designate as their assistants to perform the following procedure(s) or operations: \_\_\_\_\_

2) I realize that unforeseen conditions may arise during this procedure whereby a different procedure or an additional procedure may need to be performed, and I authorize my veterinarian to do what she/he feels is needed and necessary. I understand that complication including but not limiting to infection, cardiac arrest, and death could result. I acknowledge that no guarantee has been made as to result or cure.

**Pre-Anesthetic Blood Testing:**

The health and safety of your pet is our foremost concern. Before putting your pet under anesthesia, we will perform a thorough physical examination. However, many conditions, including disorders of the liver, kidneys and blood, may not be detected unless blood testing is performed. Blood chemistry tests provide an inside look at your pet's vital organs. Such tests are especially important before anesthesia.

For these reasons, all patients will receive a blood screen (chemistry/cbc) before such procedures.

**A small area on either foreleg will be shaved for placement of an IV catheter as well as the paw area will be shaved for blood pressure assessment.**

**All pets will receive pain control medication before, during, and after surgery.**

**Please mark additional treatments/procedures you would like done today:**

\_\_\_\_\_ Microchip Implantation (Home Again System)

\_\_\_\_\_ Vaccinations

\_\_\_\_\_ Additional Laboratory Tests: \_\_\_\_\_

**ALL SURGERIES/ANESTHETIC PROCEDURES WILL STAY OVERNIGHT UNLESS OTHERWISE NOTED.**

**I have received a treatment plan for services to be performed:     yes     no     declined**

**I acknowledge that my pet has been fasted for the recommended 8 – 10 hours prior to any anesthetic procedure.**

Owner's Signature \_\_\_\_\_

Date \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

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