

**Trussville Animal Hospital**  
**103 Watterson Parkway Trussville, Alabama 35173**  
**205-655-8538**

**ANESTHESIA/SURGERY/DENTAL CONSENT**

To minimize risks during anesthesia, we recommend that *dogs* be **heartworm negative** and *cats* be **feline leukemia/FIV negative**.

I, the undersigned, certify that I am the owner, or authorized agent of this pet. I authorize the veterinarians of Trussville Animal Hospital such diagnostic and treatment procedures (including administration of pain relief medications, sedatives and/or anesthetics, as well as any necessary medical, radiological, surgical, nursing, diagnostic and/or emergency care) as deemed advisable or necessary for my pet. I have been advised as to the nature of the procedures and the potential risks. I also understand that no guarantee of successful treatment can be made.

Many conditions, including liver, kidney or blood disorders, are not detected unless **blood testing** is performed. Such tests are especially important before surgery. We recommend bloodwork in *all* pets, but especially in those over 6 years of age and/or debilitated pets.

- Yes**, I want my pet to have **presurgical bloodwork**. (added fee of \$ 60.00)
- No, I do not want my pet to have any bloodwork.

The anesthetics used for surgical procedures provide some relief from **post-operative pain** and discomfort. Some pets may need additional medications.

- Yes**, I want my pet to have **pain medications**. (added fee of \$ 22.50 minimum)
- No, I do not want my pet to have pain medications.

We offer microchip implanting while the pet is sedated to avoid an injection while the pet is awake.

- Yes I want my pet to have a **Microchip** implanted. (added fee of \$ 50.00)
- No, I do not want my pet to have a microchip.

**If nothing is checked, bloodwork and pain relief will be done and charged accordingly**

I have read and understand the reasons for and the risks of the above and attached authorized procedure(s), and assume full financial responsibility for all charges and services incurred to the described animal. I agree to pay in full for services rendered, including those deemed necessary for medical and/or surgical complications or otherwise unforeseen circumstances. Any estimate of charges or fees for currently planned procedures is only a best approximation and final bill may be less or greater than this amount. Our greatest concern is the well-being of your pet.

I have read the above conditions of this hospital and acknowledge a copy of this form if requested.

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

**IN CASE OF EMERGENCY:**

 \_\_\_\_\_  
Signature of owner or agent

Phone number(s) where we can reach you today  
(list times available, if possible)

Print Owner/Agent name: \_\_\_\_\_

Cell: \_\_\_\_\_

Pet's name: \_\_\_\_\_

Alternate: \_\_\_\_\_

When did your pet last eat? (day and time)

Alternate: \_\_\_\_\_

\_\_\_\_\_