



Bottle Babies Rescue

6285 N. Territorial

Plymouth, Michigan 48170

734-239-9004 - rochrescueclinic@gmail.com

Client Information:

Name: _____

Patient Information:

Name: _____

Anesthesia Consent Form

Date and time of last meal: _____

List of current medications (including supplements): _____

Procedure(s) to be performed: _____

All procedures are performed by qualified, licensed veterinarians (DVMs) using accepted materials. All patient receive a brief physical exam (if possible, depending on the animal's temperament) and are given pain medication. However, it is important for you to understand that the risk of injury or death, although extremely low, is always present. Carefully read and understand the following before signing your name.

1. I understand that the operation presents some hazards, and that injury or death of such animal may conceivably result, for there is some risk in the procedure and the use of anesthetics and drugs in providing this service.
2. I understand that it is recommended that my animal be fully vaccinated prior to being admitted for surgery. I either certify that my animal has been vaccinated within one year prior to this date or waive my right to protect my animal by having it vaccinated prior to surgery.
3. I understand it may take up to two weeks for vaccinations to protect my animal, and that no vaccine is 100% protective. I further understand the inherent risks of failing to maintain current vaccinations and waive all claims arising out of or connected with the performance of this operation due to such failures.
4. I certify that my pet is in good health and has had no food since midnight the evening prior to surgery.
5. I understand the clinic has the right to refuse services to any animal to whom surgery is deemed a health risk.
6. I understand some that some factors significantly increase surgical risk, including but not limited to: pregnancy, in heat, heart murmur, still lactating, and disease such as heartworm and feline leukemia.
7. I understand a licensed veterinarian will perform a BRIEF pre-anesthetic exam, based on the animal's temperament, but not all pre-existing conditions may be detected.
8. I understand that some medications may be used "off label". Any "off label" use is consistent with accepted standards of veterinary care.
9. I understand that if my animal is pregnant, the pregnancy will be terminated, and fetuses euthanized.
10. I understand that if my animal is cryptorchid (undescended testicle), has a clinically significant umbilical hernia, has fleas or pyometra, the condition will be repaired or treated at the time of surgery at an additional cost.

While I accept that all procedures will be performed to the best of the abilities of the staff at this facility, I understand that veterinary medicine is not an exact science and that no guarantees have been made regarding the outcome of this/these procedures. I have read and understand the nature of the above procedures and accept the specific terms and conditions set forth herein.

I acknowledge that I am responsible for payment in full for the above procedures and treatments at the time my pet is admitted.

Owner Signature: _____

Date: _____