



*Lytle Veterinary  
Clinic, Inc.*

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**ANESTHETIC CONSENT FORM**

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Client \_\_\_\_\_

Date \_\_\_\_\_

Patient \_\_\_\_\_

Emergency Number \_\_\_\_\_

1. The Owner or Authorized Agent of this pet, give permission for the following anesthesia and procedure(s). I understand that during the procedure(s), unforeseen conditions may be revealed that necessitate an extension of the procedure(s) and may increase overall costs. I consent to and authorize the performance of such techniques in the veterinarians' professional judgment.

\_\_\_\_\_ Spaying/Neutering: In the event that during the spaying procedure my pet is found to be pregnant, I agree that the procedure should continue to its finality.

Yes  No

\_\_\_\_\_ Dentistry \_\_\_\_\_ Declawing \_\_\_\_\_ Other

For an added charge would you like pain medication for your pet. Yes  No

I would like Pre Operative blood work done for an additional charge. Yes  No

**While your pet is under anesthesia, consider having these tests or procedures performed with no discomfort to your pet. There is an additional charge for these tests and procedures.**

Heartworm Test  Fecal Exam  Ear Cleaning  Vaccinations   
Feline Leukemia Test / Feline Immunodeficiency Virus Test

Gas anesthesia using Sevoflurane is also available for an additional \$75.00 charge. This is the safest anesthesia available and is recommended especially for geriatric or sick animals. Please notify personnel if you would like this anesthesia for your pet.

I have reviewed and understand what I have read in this document. I authorize the Lytle Veterinary Clinic, Inc. to proceed with the procedures I have indicated.

Signature \_\_\_\_\_ Date \_\_\_\_\_