



Veterinary Anesthetic Consent

Dr. Gretchen L. Shuck DVM - Dr. Rebecca J. Frank DVM
7165 Highway 212
Red Lodge, MT 59068
Phone: (406) 446-1778

Owner: _____ Date: _____

Phone number to reach you today: _____

Pet: _____ Age: _____ Breed: _____ Color: _____

I authorize the above named Veterinarian and/or her staff to perform the treatments/ procedures listed below. I have been informed of the expected benefits and potential risks involved. I am the owner or authorized agent and have the authority to execute consent.

Additional Procedures/ Options available for an additional fee:

In-House Presurgical Blood work (Cost: \$45): [] Accept [] Decline

Microchip placement: [] Accept [] Decline

Update Vaccinations (If necessary): [] Accept [] Decline

De-worm: [] Accept [] Decline *recommended every 3-12 months depending on risk

Is your pet currently on any medications?: [] Yes [] No

If yes, what medication(s), and when was your pet last medicated?

IV Pre placement/ Catheterization: [] Accept [] Decline

Cost: \$42.00 IV Catheter \$62.00 IV Catheter with fluids

Additional Pain Control Injection: WE WILL USE OUR DISCRETION TO DETERMINE IF ADDITIONAL PAIN CONTROL IS NEEDED POST OPERATIVELY BEFORE DISCHARGE.

Cost: Approx. \$20.00 Feline/\$26.00 to \$50.00 Canine

Mass Removal: Would you like the mass sent off for Histopathology? _____

If so please choose: Montana State Lab \$90.00 (7-10 Days for results) [] Accept
Idexx Lab \$178.18 (3-5 Days for results) [] Accept

I understand that there are certain risks to anesthesia that could involve bodily injury or death. These risks are present with any procedure that requires general anesthesia or intravenous anesthesia. I consent to the use of anesthetics. I also understand that unforeseen conditions may require an extension of a planned procedure or operation. I hereby authorize the performance of such procedures or operations as necessary and advisable in the professional judgment of the veterinarian. I have read and understood this consent form. I realize that results can not be guaranteed. I consent to the proposed treatment/ procedure.

Owner Signature

Date