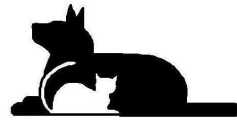


Anesthesia Consent Form



**THE CAROLINAS
ANIMAL HOSPITAL
& DENTAL CLINIC P.A.**

13331 York Center Drive, Suite A • Charlotte, NC 28273

Place Patient Info Sticker Here

Anesthetic and surgical procedure(s) to be performed:

I, the undersigned owner or agent of the owner of the pet identified above, certify that **I am** ____ **I am not** ____ (*check one*) eighteen years of age or over and authorize the veterinarian(s) at The Carolinas Animal Hospital & Dental Clinic, P.A. to perform the above procedure(s). I understand that some risks always exist with anesthesia and/or surgery and that I have been encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure (s) is/are initiated. My signature on this form indicates that any questions I have regarding the following issues have been answered to my satisfaction:

- The reasonable medical and/or surgical treatment options for my pet
- Sufficient details of the procedures to understand what will be performed
- How fully my pet will recover and how long it will take
- The most common and the most serious side-effects
- The length and type of follow-up care and home restraint required
- The estimate of the fees for all services
- Any necessary payment arrangements

While I accept that all procedures will be performed to the best of the abilities of the staff at this hospital, I understand that no guarantee or warranty has been made regarding the results that may be achieved. I agree to pay the estimated fees, assume financial responsibility for the remaining fees, and provide payment via cash, credit card, or check at the time my pet is discharged from the hospital. Should unexpected life-saving emergency care be required and the hospital staff is unable to reach me, the staff **has** my permission to provide such treatment and I agree to pay for such services.

I understand that during the performance of medical, surgical, dental, or anesthetic procedures, unforeseen conditions may be revealed that necessitate more extensive, costly, or different procedures than originally planned. If staff at this veterinary practice are unable to reach me, I hereby consent to and authorize the performance of such procedures as are necessary and desirable in the professional judgment of the attending veterinarian, provided that the cost of additional procedures will not increase the total fee by more than 25% of that provided in the estimate for these procedures.

Last time patient has eaten ____ / ____ / ____ : ____ am/pm

I have read and fully understand the terms and conditions set forth above.

Signature of Owner or Agent

____ / ____ / ____
Date

Signature of Parent or Legal Guardian
(if owner or agent is less than 18 years of age)

____ / ____ / ____
Date

It is essential that the doctor be able to reach you today.

I can be reached at the following numbers:

(____) _____ - _____ (____) _____ - _____ (____) _____ - _____
Home Cell Business