

Delaporte Veterinary Hospital
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Sanford, FL 32771



Beau Delaporte, DVM

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Pre- Anesthetic Information and Consent Form

I authorize the doctors (and ancillary staff required) of Mount Dora Veterinary Hospital to perform the following surgical, or diagnostic procedure(s) on my pet,

Pet Name: _____

Procedure(s): _____

I understand that:

This requires IV sedation and/or inhalant anesthesia

General health blood profile **will be** run prior to anesthesia for my pet's safety

Appropriate pain medications **will be** administered (\$21.00-\$43.00 additional fee)

IV and/or SQ fluids may be administered if needed at an additional cost

When the doctors are able to examine my pet's teeth while under anesthesia, they may find that extraction(s) are necessary

If I am paying for spay/castration with a certificate, there **are additional costs** involved with the surgery that are not paid for by the certificate.

If we are removing a growth, cyst, or mass, this **will be** done with the CO2 Laser and will be at an additional cost.

SOME OF THESE ITEMS WILL BE AT AN ADDITIONAL COST!!!

Phone number(s) where you can be reached today _____

I request a phone call if extractions or additional dental work needs to be done **YES** or **NO**

If you are unable to reach me by phone today, I prefer that:

My animal be awakened from anesthesia without any additional treatment _____

The veterinarian proceed as he/she deems necessary _____

If appropriate, I prefer my pet's procedure be done with the CO2 Laser at additional cost. This offers us a virtually bloodless procedure that produces significantly less pain and swelling. The cost ranges from \$45-\$85 in addition to the surgical fee. **YES** or **NO**

Microchip Permanent ID Placement: Regularly - \$69 During Surgery- \$59 (circle if wanted)

By signing this form, I agree that the nature and purpose of the procedure, the risks involved, and the possibility of complications have been fully explained to me and I understand them. No guarantee has been given by anyone as to the results that may be obtained.

Owner or Agent's Signature: _____ Date: _____