

301 N. Kuther Rd. Sidney, Ohio 45365 Phone 937-492-6536 Fax 937-497-1582 16200 County Road 25A Anna, Ohio 45302 Phone 937-693-2131 Fax 937-693-3422

Treatment/Anesthetic/Surgery Consent Form

I understand that I am requesting treatment and/or surgical procedure that may require general anesthesia or sedation. There are risks associated with anesthesia and although the doctors and staff take preventative measures, there continues to be a risk of an adverse outcome due to anesthesia or surgery.

Treatment/Surgery/Other Procedure:	
Fleas: It is important to keep our pets free of external parasit having fleas or ticks while in the care of Tri-County Veterinary an additional cost. Initials:	
Vaccinations: Prevention is paramount to maintaining a healt Veterinary Service require that your pet be current on all vacci. Bordetella and DA2PCP. Feline patients are required to be curr	nations. Canine patients should be current on Rabies,
Vaccines Required:	Initials:
Pre-Anesthetic Blood Testing	
Like you, our greatest concern is the well-being of you receive a comprehensive physical exam. However, there are man or blood, which cannot be detected by physical exam alone. Preinformation on your pet's overall health, and that information a Pre-Anesthetic Blood work is highly recommended before complete these tests in-house and have results in minutes. testing is \$42. Yes, Complete the vitally important pre-and-	ny conditions, including disorders of the kidneys, liver anesthetic blood work provides the doctor with more aids in making anesthetic decisions. Fore any and all anesthetic procedures. We are able to The additional cost of this pre-anesthetic blood
No, I understand the risk of not completing	g pre-anesthetic blood testing, I decline testing.
Surgical Laser	
Tri-County Veterinary Service is proud to offer laser sur procedure rather than using a scalpel blade to make incisions, pain, swelling, bleeding and risk of infection. The additional c	a surgical laser will be used. Using the laser reduces
Yes, Please use laser technology for my pet's pr	rocedure.
No, I do NOT wish to have the laser used for my	y pet's procedure
Owner's Name	Pet's Name
Signature of Owner or responsible agent	Date

Payment information: All services must be paid for before your pet can be released. A written estimate is available at your request.

Cell

Phone Numbers: Home ____