## **MacInnes Mobile Vet**

Bellingham, WA 98226 Phone: (360) 961-8040 macinnesvet@hotmail.com www.whatcommobilevet.com

## **Anesthesia Consent**

Pet's Name:
Breed:
Color:
Sex:
Age:
Weight:
Procedures requiring anesthesia are always associated with a certain amount of risk. In order to minimize that risk, and to better ensure your pet's safety while under anesthesia, we require that the following be performed prior to administering anesthesia:
1
2
I am the owner (or authorized agent of the owner) of the animal described above, and have the authority to execute this consent. I understand that some risk always exists with anesthesia, even in apparently healthy animals, including the possibility of death. I have discussed my concerns with the veterinarian. I realize that no guarantee, legal or ethical, can be made to me regarding the outcome of any procedure performed. I hereby authorize the use of anesthetics, as deemed necessary by the veterinarian. I understand that hospital personnel will be employed in treating my pet. I have carefully read, and fully understand, this consent. The fees associated with these services have been explained to me, and I agree to pay such fees in full at the time my pet is released from the hospital.
Signature:
Name:
Phone:
Date: