BRETON VETERINARY HOSPITAL, LLC

CONSENT FOR GENERAL ANESTHESIA

_____	_____	_____
CLIENT	**PATIENT**	**DATE**

_____ is scheduled for _____ today. Before your pet undergoes this anesthetic procedure, we have specific requirements and recommendations.

***FOR DENTAL PROCEDURES**…I understand a thorough dental exam will be performed under anesthesia. X-rays, extractions and antibiotics may be required ____.

IV FLUIDS are required for all anesthetic procedures. This helps metabolize anesthesia and allows for immediate access should emergency medications need to be administered.

PAIN MANAGEMENT is required for all surgical and dental procedures. Pain medication will be administered according to pain level.

We use **LASER** for our surgical patients; we feel it provides the best possible care for your pets. The laser seals small blood vessels allowing for little or no blood loss and swelling, and seals raw, throbbing nerve endings which will significantly reduce post-op pain. The precision of the laser permits us to use fewer or no stitches and can produce a faster recovery.

ADDITIONAL SERVICES:

HOME AGAIN MICROCHIP __	**NAIL TRIM __**
HOME DENTAL CARE PRODUCTS __	**EAR CLEANING __**

If your pet requires go home medication would you like Liquid __, Tablets __, or Injectable__

Would you like this medication Flavored __ or Non-Flavored __

***In the event we are unable to contact you in a timely manner we would like permission to perform any necessary procedures, which may include resuscitating your pet.**

YES RESUSCITATE _____ **DO NOT RESUSCITATE (DNR) ____**

_____	_____	_____
CLIENT SIGNATURE	**DATE**	**PHONE NUMBERS YOU CAN BE REACHED AT TODAY**