## **Consent for Anesthesia**

Dot Orom one		Date:	
• .	ZIP:		
Home Phone:	Wor	Work Phone:	
Pet's Name:			
Species:	Breed:	Color:	
Age:	Sex:	Weight:	
for, treat and/or operate the cost of a 24 hour fleat anesthesia but it is option bloodwork.	upon my pet. I understand that my p treatment if fleas are present. I und	ability to give you my permission to receive, prescribe bets nails may be trimmed and that I am responsible for erstand that bloodwork is available on every pet before cations that arise that could have been prevented with	
that these risks are present anesthesia as considered. It is understood that all research Animal Hospital will not assume all risks.  If the pet is picked up ear problems after pickup.  After carefully reading the change once the present in the p	nt in any procedure that requires a genecessary and advisable by the veter easonable precautions against injury be held liable or responsible in any rely against medical advice, before the eabove, I have signed an agreement my surgical price given to me before occedures begin as complications mad bloodwork.  The bloodwork is here only one day a week the control of	r, escape, or death of my pet will be used, but Elm Grove nanner in connection therewith as it is implicit that I by are ambulatory, the owner is responsible for all surgery is an estimate and may y arise.	
I was given a list of	emergency veterinary facilities.		
After carefully reading the	e above, I have signed an agreement		
Owner or Responsible Party			

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