



Anesthesia Consent Form

Client:	Patient:
Client ID:	Patient ID:
Address:	Breed:
	Sex:
Contact Phone #:	Color:
Email:	DOB:

I hereby certify that I am the owner of the above-named animal or am responsible for it and have the authority to execute this consent.

I hereby authorize the performance of the following procedure (s):

I hereby authorize the doctors to perform pre-anesthetic blood screening of the above- name animal, the use of such anesthetics as you deem advisable, and the performance of such surgical or therapeutic procedures as you determine to be indicated.

I agree to indemnify and hold Sherwood South Animal Hospital harmless from and against any and all liability arising out of the performance of any of the procedures referred to above.

(Signature of legal owner or financially responsible party) Date

We also offer the *HomeAgain* Microchip Identification System. The cost for the microchip, activation, and implantation is \$98.00.

Yes, I would like the **HomeAgain** Microchip ID System for \$98.00

Today's Primary Contact Number: _____