

# Marek Veterinary Clinic

1919 Hwy 36 North, Sealy, TX 77474

(979) 885-7425

W: \_\_\_\_\_

T: \_\_\_\_\_

## Anesthesia / Sedation / Surgery Consent Form

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Date: \_\_\_\_\_ Owner: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_ Color: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Preferred contact method (circle one): Text / Call

As the owner or agent of the above listed animal(s), I hereby give my consent to Marek Veterinary Clinic to perform the following procedure(s):

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**Pre-anesthetic Bloodwork** – Recommended prior to ANY procedure requiring sedation or anesthesia.

\_\_\_\_\_ I would like to have pre-anesthetic bloodwork performed. **\$99.00 additional fee**

\_\_\_\_\_ I decline any pre-anesthetic testing prior to sedation/anesthesia.

\* Sedation/Anesthesia WILL NOT be performed if the waiver is not initialed\*

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Please accept or decline the following additional procedures, which will be **performed at owner's expense**:

- |                                  |   |   |                            |       |   |
|----------------------------------|---|---|----------------------------|-------|---|
| • Post-operative Pain Injection: | Y | N | • Flea Control             | Y     | N |
| • Post-op Pain Meds to go home   | Y | N | • Heartworm Prevention:    | Y     | N |
| • Canine Heartworm Test          | Y | N | • E-Collar                 | Y     | N |
| • Feline Leukemia/FIV Test       | Y | N | • Vaccinations             | Y     | N |
| • Fecal/Oral Dewormer            | Y | N | • List Vaccines requested: | _____ |   |
| • Microchip                      | Y | N |                            |       |   |

**\*\*\* All animals receiving treatment or surgery must have proof of a rabies vaccination given within the last 12 months or the animal will be vaccinated at the time of visit at owner's expense. Fleas and ticks will also be treated at the owner's expense.\*\*\***

I understand that during the performance of a procedure, unforeseen conditions may be revealed that could necessitate an extension or variance of the procedure. I expect Marek Veterinary Clinic to exercise reasonable care and judgment in these cases. I understand the nature and risks involved in these procedures and I realize that results cannot be guaranteed. I am also aware that unforeseen events that may result with this animal will not relieve me from any obligation to all reasonable costs incurred.

Signature/Date \_\_\_\_\_