

## Blackhorse Animal Hospital



### General Anesthesia Consent

Owner's Name -

Pet's Name -

Procedure or Surgery Today:\_\_\_\_\_

Biopsy: Accept or Decline (\$150 per site)

**Pre-anesthetic bloodwork: Accept or Decline (\$125.00 - Recommended Yearly)**

Is your pet on any medications? Any sensitivities or allergies to any medications (oral or injectable)?

\_\_\_\_\_

My Phone Number(s) Today : \_\_\_\_\_

I have been advised as to the nature of the procedure or surgery described above and the risks involved. I authorize the use of appropriate anesthetics and medications that are needed to perform these procedures or surgeries. I realize that results cannot be guaranteed, I further realize that I am responsible for full payment at time of discharge. I understand that unforeseen conditions may extend the procedure or surgery and that if this happens, the BHAH staff will try to contact me to discuss these conditions. If I cannot be reached, I consent to having Blackhorse Animal Hospital take the steps necessary to help ensure the safe care of my pet.

Signature\_\_\_\_\_Date\_\_\_\_\_

13203 Fry Rd Ste 1200 Cypress, TX 77433 - 832-220-1380

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