

Tidewater Trail Animal Hospital

10839 Tidewater Trail

Fredericksburg, VA 22408

540-361-7050

Ttahoffice2@verizon.net

**Anesthesia Consent Form**

**Your Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pet’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I do hereby give my consent to Tidewater Trail Animal Hospital to sedate or anesthetize my

pet. I understand that with any anesthetic procedure there is a small but very real risk of

complications, including death. I understand that Tidewater Trail Animal Hospital will take

appropriate precautions including, but not limited to preanesthetic bloodwork to minimize the

risk of these complications.

Signature of owner/agent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_