

Microchip implantation

If your dog or cat is ever lost, most humane societies, police departments have the scanners to identify your dog if he/she has an implanted microchip and can have you contacted within minutes. To eliminate pain associated with implantation of the chip, we encourage implantation while your pet is under anesthesia. The implantation fee and investment into your pet's security is \$30.00. This excludes the national registration fee which is additional. We will be sending the application home with you at discharge so you will be mailing in the application and national fee separately from your home.

Would you like to have your pet implanted with a Smart Tag microchip when he/she is under anesthesia?

- I approve microchip implantation (\$30.00)
- I decline microchip implantation

Has your pet had any food since 10 p.m. last night? _____

Does your pet have any medical conditions you are aware of? _____

If my pet has fleas and/or ticks they will be treated at my expense.

Authorization and Risk Assessment

I authorize anesthesia/surgery for my pet. The nature and risks of this procedure have been explained to me. I understand that some risks exist with anesthesia and/or surgery and I am encouraged to discuss any concerns associated with risks with my veterinarian before the procedure(s) are started. My signature on this consent form indicates that questions have been answered to my satisfaction.

I authorize All Pets Veterinary Hospital to perform any additional diagnostic, treatment or surgical procedure(s) deemed necessary for medical or surgical complications or any unforeseen circumstances. While All Pets Veterinary Hospital provides the highest quality of anesthesia monitoring and surgical services, I understand the risks and understand that the veterinarians and hospital team will do everything possible to reduce any risks. I will not hold All Pets Veterinary Hospital, the veterinarians or any team member liable for any complications that may arise.

**I HAVE READ AND FULLY UNDERSTAND THIS SURGERY AND ANESTHESIA
CONSENT FORM**

Owner or authorized agent

Date

phone number