



Animal Hospital of Cold Spring
Dr. Peter Bach DVM, MRCVS
55 Chestnut Street

Cold Spring, NY, 10516

ph.: (845) 265 - 4366
or (845) 265 - PETS

General Anaesthesia and Surgery for Your Pet

Owner's name

Phone #

Pet name

CellPh.#

Procedure(s)

Alt. Ph #

Your pet's safety and comfort are our number one concern here at the Animal Hospital of Cold Spring. Before your pet has surgery it will be examined for any problems that could interfere with anesthesia and will be monitored during and after surgery to help ensure that your pet has a safe, comfortable recovery. We are happy to report that our patients do very well and we expect all to go smoothly.

For all our patients we also recommend pre-anesthetic blood testing and maybe additional more extensive medical tests to evaluate the safety of anesthetics and surgery. This can help put your mind at ease by seeing that all is well. A doctor or technician will discuss this with you. Sometimes we adjust the medication or the procedure to make it safer for the pet. Occasionally we postpone surgery until a medical problem is resolved.

Please let us know if you have questions about this testing. If you would like this testing done, please note below.

PERFORM PRE-ANESTHETIC BLOOD TESTING FOR MY PET () **YES** () **NO**

MICROCHIP MY PET TODAY () **YES** () **NO**

I hereby authorize and direct the Animal Hospital of Cold Spring to perform the procedure(s) noted above and to administer anesthetics or other drugs as deemed advisable for my pet. I understand the nature of the procedures and the relative risks involved, I authorize the Animal Hospital of Cold Spring to provide any appropriate care should an unexpected complication arise. I release the Animal Hospital of Cold Spring from any legal and financial responsibilities arising from anesthetic complications.

Signature of Owner or Responsible Agent

Date

Spay / Neuter, Vaccinate and Microchip your Pet