



ANAESTHETIC CONSENT FORM

接受麻醉同意書

Client No 檔案號碼 _____

Date 日期 _____

I _____ am the *owner/ guardian of _____ (*Cat/ Dog/ Other _____).
本人 _____ 為 _____ (*貓/狗/其他 _____) 之*主人/監護人。

- I hereby certify that I have given permission for my animal to have tranquiliser and/ or anaesthetic and to undergo the following procedure/s:

本人同意本人之動物接受鎮靜劑/麻醉劑及進行以下之程序：

- The animal has the following condition(s) that may have an effect on the anaesthetic and/ or operation:

此動物有以下之症狀，或會影響麻醉藥的使用及手術過程：

- I *do/ do not want a pre-anaesthetic blood test performed for my animal.

本人*需要/不需要此動物接受麻醉前之血液檢驗。

- Certain procedure(s) such as IV fluid, blood sampling, ECG, GA or surgery may involve hair clipping.

個別程序如靜脈注射、抽血、心電圖、麻醉、手術等，局部毛髮或需剃去。

- The animal has not eaten in the last 8 hours. I have been informed of and understand the inherent risks involved both from the anaesthetic and the procedure itself. I accept the possible consequences and undertake to pay any reasonable fees incurred.

此動物於過去 8 小時內並沒有進食。本人清楚了解麻醉之風險及手術的危險。本人接受可能的影響並承擔本人清楚了解麻醉之風險及手術的危險。本人接受可能的影響並承擔因此引起之費用

Signature 簽署 _____ HKID No 身份証號碼 _____ Contact No 聯絡號碼 _____

*Please delect where appropriate 請將不適用者刪除

PRICE 費用	Weight _____ kg
Cons 診金 _____	Collar 頭罩 Buy here <input type="checkbox"/> own <input type="checkbox"/>
Med 藥物 _____	IV Fluid 靜脈注射 <input type="checkbox"/>
X-ray/ US X 光/超聲波 _____	X-ray film copy requested
Lab 化驗 _____	索取 X 光底片副本 <input type="checkbox"/>
Sx 手術 _____	Painkiller 止痛藥 Injection <input type="checkbox"/> oral <input type="checkbox"/>
Shop 零售 _____	Called 通知 <input type="checkbox"/>
Hosp 留院 _____	
Approximate total 大約總數 _____	Home time 回家時間 _____
Deposit 訂金 _____	
Actual total 總額 _____	Vet IC 獸醫 _____
Owes 尚欠 _____	