



ANESTHESIA / SURGICAL CONSENT

Client Name:
Address:

Patient Name:
Species:
Breed:
Sex:
Weight:

Phone Number:

Anesthetic and surgical procedure(s) to be performed:
I, the undersigned owner or agent of the pet identified above, authorize the staff of to perform the above procedure(s).

DID YOUR PET EAT THIS MORNING? ***YES*** ***NO***

I understand that some risks always exist with anesthesia and or surgery and that I am encouraged to discuss any concerns I have about those risks with the Veterinary Technician and/or Attending Veterinarian before the procedure(s) is/are initiated. I have been informed to eliminate some risks that there are options available to my pet. These are optional for any healthy pet 7 years and younger. These options are required for any compromised pet or any pet over the age of 7 years (exam and bloodwork).

PROCEDURES:

We place an intravenous (IV) catheter in your pet's cephalic vein (shaving the hair is a necessity) and use a human grade injectable anesthesia known as Propfol. This will allow us to get your pet sleepy enough to intubate and maintain anesthesia with a gas inhalant. (isoflurane or sevoflurane).

We complete a pre-anesthetic blood screening for your pet. This screening analyzes liver, kidney, blood sugar, red blood cells, white blood cells platelets and more. These tests can help the determine if anesthesia and surgery are to be re-scheduled or anesthesia protocols need to be altered for the safety of your pet.

We use standard monitoring (Heart Rate, Pulse, Respiration and Oxygenation) on your pet throughout his/her surgery. In order to monitor your pet more thoroughly we utilize additional monitoring of the heart with EKG/ECG and Blood Pressure. If there is an issue with anesthesia this additional monitoring may allow us to respond faster in an emergency situation.

I understand that the attending veterinarian will make every effort to contact me regarding treatment in the case of unforeseen emergencies. If unable to contact me, the staff have my permission to proceed with life sustaining procedures.

I give my permission [yes]:

I do not give my permission [no]:

While I accept that all procedures will be performed to the best of the abilities of the staff at this hospital, I understand that no guarantee or warranty has been made regarding the results that may be achieved.

I also assume full responsibility for any additional expenses incurred after the surgical procedure is performed, such as follow up radiographs, re-check physical exams, medications and additional surgery due to post-op complications. These are more likely to occur when there is a failure to comply with the aftercare instructions.

A complete physical exam will be performed on your pet prior to the surgical procedure if it has been longer than 30 days since the last exam. However, this may not identify all systemic or metabolic problems. For this reason, your pet will have a pre-anesthetic blood panel to evaluate major organ functions prior to anesthesia.

I have read and fully understand the terms and conditions set forth above.

Signature of Owner: _____

Date: _____

Phone number(s) at which owner can be reached today and tomorrow:
