

Client:	<b>{FULLNAME}</b>	Patient:	<b>{NAME}</b>	Sex:	<b>{SEX}</b>
Date:	<b>{CURRENTDATE[SHORT]}</b>	DOB:	<b>{BIRTHDATE[SHORT]}</b>	Species:	<b>{SPECIES}</b>
Phone:	<b>{PHONENUMBER}</b>	Age:	<b>{AGE}</b>	Breed:	<b>{BREED}</b>

## Anesthesia, Sedation and Procedure Consent Form

Procedure to be Performed: \_\_\_\_\_

1. I am the owner or agent of the animal listed above, and I am over 18 years of age.
2. Has this animal ever undergone anesthesia? Yes or No. If yes, were there complications? \_\_\_\_\_ (initials)
3. I consent to and authorize the administration of anesthesia. I understand that during the performance of procedures or operations unforeseen conditions may be revealed that necessitate an extension of procedure or operation other than those described. Therefore, I hereby consent to and authorize the performance of such procedure or operations as are deemed NECESSARY in the exercise of the veterinarian's professional judgement. I have been advised of the nature of the procedures or operations and the risks involved. I realize that results are not guaranteed. \_\_\_\_\_ (initials)
4. History: Notify your veterinarian or animal technician if your animal has eaten, is sick or is on medication. \_\_\_\_\_ (initials)
5. In the event of a cardiac arrest I do \_\_\_\_\_ I do not \_\_\_\_\_ desire resuscitation measures be performed on my pet. This would be a medication injection that may, yet may not, stimulate the heart to function again. The cost is approximately \$30-\$45 depending on the size of the animal.
6. Your pet *must* be free of fleas to undergo surgery. What date was a flea product last applied to your pet? \_\_\_/\_\_\_/2020
7. So we can better serve you, please initial the blanks next to the options you would like to choose:

- \_\_\_\_ Intravenous (IV) Fluids: (\*\*\*) IV fluids help promote ideal organ function, maintain blood pressure, and flush toxins.
- \_\_\_\_ Pre-Operative Bloodwork: (\*\*\*) Bloodwork before surgery can inform us a lot about the function of your pet's organs such as its liver and kidneys. Even if your pet does not exhibit any problems, its organ function may be declining, or it may have undetected tick disease that would cause uncontrollable bleeding. If an organ malfunction were to be identified we could address the problem early and possibly slow or even stop the progression of the disease.
- If you have opted not to have bloodwork performed, please initial the following blank displaying that you understand that you are taking full responsibility if a complication were to occur. \_\_\_\_\_ (initials)**
- \_\_\_\_ Feline Cardiac BNP: (\*\*\*) A feline-only blood test that detects heart damage which would make anesthesia risky or even cause death in your pet. 1 in 6 cats have heart disease and most do not show any signs or have heart murmurs.
- \_\_\_\_ Diagnostic Snap Testing: Heartworm or FeLV/FIV, these are simple blood tests which test for life-threatening diseases.
- \_\_\_\_ Microchip Administration: (\*\*\*) This is a small computer chip placed under the skin by a simple shot. The pet is then permanently registered and if lost can easily be identified and returned to the correct home.
- \_\_\_\_ Pedicure: (Nail trim (\*\*\*) While anesthetized, your pet can have a thorough trim done without anxiety.
- \_\_\_\_ Ear Cleaning: (\*\*\*) While anesthetized a deep cleaning can be done and excessive ear hair can be removed.

\*\*\* Indicates optional services, please call to ask for current pricing

**All charges, including hospital care, shall be paid upon the release from the hospital.** I understand that it is my responsibility to return for this animal when the treatment is complete. If my pet is not called for with two days after the specified date of release, and the hospital is not notified of an alternated date within the two day period, the animal will be considered abandoned and may be disposed of as the veterinarian sees fit. It is understood that this does not relieve me from paying for all cost of your services and use of your hospital, including the cost of boarding.

\_\_\_\_\_  
Owner Signature & ER phone number

\_\_\_\_\_  
Witness Signature