



FAMILY FRIENDS VETERINARY HOSPITAL & URGENT CARE

6555 28th Street SE, Grand Rapids • (616) 575-6520 • staff@familyfriendsvet.com

Anesthesia and Surgery Consent Form

Owner Details: #INPUT#

Name: #INPUT#

Address: #INPUT#

Primary Number: #INPUT#

Procedure: #INPUT#

Patient: #INPUT#

Patient Info: #INPUT#

Patient Weight: #INPUT#

Patient Age: #INPUT#

I, the undersigned owner or agent of the owner of the pet identified above, certify that I AM eighteen years of age or over and authorize the veterinarian(s) at Family Friends Veterinary Hospital to perform the above procedures(s). I understand that some risks always exist with anesthesia and/or surgery. I also understand that if overnight hospitalization is required, that there are risks associated, including that there is no staff in the hospital to provide overnight care. I am encouraged to discuss any concerns I have about those risks with the veterinary staff before the procedure(s) is/are initiated. My signature on this form indicates that any questions have been answered to my satisfaction.

While I accept that all procedures will be performed to the best of the abilities of the staff at Family Friends Veterinary Hospital, I understand that no guarantee or warranty has been made regarding the results that may be achieved. I assume financial responsibility for all fees and will provide payment at the time my pet is discharged from the hospital. Should unexpected life-saving emergency care be required and the hospital staff is unable to reach me, the staff has my permission to provide such treatment and I agree to pay for such services.

For Brachycephalic pets- I am aware that my pet's physical characteristics make anesthesia and sedation more challenging and carry higher risks than average dogs with longer noses. I am aware that brachycephalic breeds have a shortened skull, resulting in a compressed nasal passage and abnormal throat anatomy. This abnormal upper airway anatomy causes increased negative pressure while taking a breath, leading to inflammation, deformation of throat tissues, and obstruction of breathing. I am aware that if my brachycephalic pet undergoes sedation or general anesthesia, the potential complications include partial or complete airway obstruction during recovery and regurgitation/vomiting, which could lead to aspiration pneumonia and/or respiratory distress. In some cases, these complications result in death. I am aware that airway surgery may result in postoperative swelling. Postoperative airway swelling is often minor and can often be resolved with medical treatment.

In order to appropriately treat your pet, you have been provided with an estimate that outlines expected cost relating to your pet's care. Please note that this form in no way negates any of the charges or expectations provided in the estimate. If an estimate has not been provided, please ask a member of the team for one prior to leaving your pet at the hospital.

All pets being anesthetized must be current on vaccinations, have had a negative heartworm test within the past 12 months if on heartworm prevention, or within the past 6 months if not on prevention, and have had a stool sample clear of parasites within the past 12 months. If not current, these will be completed at an additional expense. All pets will have appropriate pain and pre-anesthetic medications given. All pets will have a comprehensive physical exam and complimentary nail trim.

In order to recognize any underlying abnormalities your pet may have, we recommend having pre-surgical lab tests run on your pet. These tests will help us thoroughly assess the health status of your pet and determine if there are any additional precautions we need to take before surgery. There is an additional charge for these laboratory tests and services.

Recommended for pets less than 5 years of age

• **Diagnostic Screen** - A chemistry panel testing blood sugar, protein levels, kidney and liver enzymes. A CBC evaluating red blood cells, white blood cells, and platelets. An electrolytes panel testing Sodium, Potassium and Chloride balance. ☐ **Approve** ☐ **Deny**

Required for pets 5 years of age and older

• **Comprehensive Screen** - A full chemistry panel testing blood sugar, protein, kidney enzymes, liver enzymes, pancreatic enzymes, minerals. A CBC evaluating red blood cells, white blood cells, and platelets. An electrolytes panel testing Sodium, Potassium and Chloride balance. ☐ **Approve** ☐ **Deny**



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Additional Recommendations:

• **IV Fluids** - Helps maintain blood pressure, and improves recovery for pets. Provides an easy access port to administer emergency medications if indicated. This is required for all patients over the age of 7, any non routine procedures, and patients receiving dental cleanings. Please note that your pet's arm will be shaved for IV catheter placement. ☐ **Approve** ☐ **Deny**

• **ECG** - An electrocardiogram (ECG) is a test which measures the electrical activity of your pets heart to show whether or not it is working normally. An ECG records the heart's rhythm and activity on a moving strip of paper or a line on a screen. This will be performed prior to anesthesia. ☐ **Approve** ☐ **Deny**

• **Laser Therapy** - post surgery treatment for pain management and healing improvement. ☐ **Approve** ☐ **Deny**

• Your Pet is current on all routine vaccinations (including heartworm test and fecal): ☐ **No** ☐ **Yes**

• Would you like a microchip for your pet today? ☐ **Approve** ☐ **Deny** ☐ **Already Done**

• Did your pet eat this morning? ☐ **No** ☐ **Yes**

• Has your pet had any previous vaccine or medication reactions? ☐ **No** ☐ **Yes, #INPUT#**

• Has your pet had any problems with anesthesia in the past? ☐ **No** ☐ **Yes, #INPUT#**

• Does your pet have any food intolerances? ☐ **No** ☐ **Yes, #INPUT#**

• Has your pet had seizures in the past? ☐ **No** ☐ **Yes, #INPUT#**

• Do you need a refill on any medications (including heartworm, flea, and tick)? ☐ **No** ☐ **Yes, #INPUT#**

• What medications is your pet currently taking?

• What supplements is your pet currently taking?

• What questions or concerns do you have for the doctor today?

• Do you consent to having an e-collar sent home (these are non-refundable)?

• Approve Deny Contact Preference Call Phone Number

Please confirm that you have seen an estimate for the procedure: ☐ **No** ☐ **Yes**

We will need a **RELIABLE** contact number(s), in order to contact you with any questions or emergencies:

Signature: _____

Date: _____



Questions? Contact Us:

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