

Anesthesia and Surgery Consent Form

Client:

Patient:

Procedure(s) to be performed:

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 procedure(s). 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 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 this 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.

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 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. Please initial the appropriate tests and services:

Recommended for pets less than 5 years of age

Accept Decline

- Diagnostic Screen** - chemistry panel testing blood sugar, protein levels, kidney and liver enzymes
CBC - Evaluation of the red blood cells, white blood cells, and platelets. Electrolytes - Sodium, Potassium and Chloride balance

Required for pets 5 years of age and older

Accept Decline

- Comprehensive Screen** - Full chemistry panel testing blood sugar, protein, kidney enzymes, liver enzymes, pancreatic enzymes, minerals
CBC - Evaluation of the red blood cells, white blood cells, and platelets. Electrolytes - Sodium, Potassium and Chloride balance

Additional Recommendations:

Accept Decline

- IV Catheter and 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.
- IV Catheter Only** - Provides an easy access port to administer emergency medications if indicated
- ECG** - An electrocardiogram (ECG) is a test which measures the electrical activity of your pet's 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.
- Laser Therapy** - post surgery treatment for pain management and healing improvement

Testie is current on all routine **vaccinations**: **YES** **NO**, including heartworm test. Comment (if needed):__

Would you like a microchip for your pet today? yes no already done

Did your pet eat this morning? Yes No Has your pet had any previous vaccine or medication reactions? Yes No
Has your pet had any problems with anesthesia in the past? Yes No Does your pet have any food intolerances? Yes No
Has your pet had seizures in the past? Yes No Do you need a refill on any medications? (including heartworm, flea, and tick) Yes No

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? YES (note these are non-refundible) or I already have one at home

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

Contact Preference Call Text

Phone Number(s) 1st: ___ 2nd: ___

Signature: Date: 7/17/2023 Tech:

A quote was provided for your pet's procedure(s) today.