

# Anesthesia and Elective Procedure Consent Form

Client Name: \_\_\_\_\_ Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_

Scheduled Procedure: \_\_\_\_\_ Emergency Contact #: \_\_\_\_\_

The following is a list of additional treatments/tests that can be added on to your pet's procedure. Please check any and all that you would like to have done while your pet is here.

- I. **Pre-Anesthetic Bloodwork:** Our greatest concern is the health and well being of your pet. Pre-existing conditions not evident during previous examinations may increase anesthetic risk. We recommend all patients undergoing anesthesia/sedation have the appropriate laboratory testing. Previously completed bloodwork is good for 3 months. **All pets 8 years old and up are required to have this testing prior to anesthesia/sedation.**

*Please check one of the following:*

- Profile 1: Healthy patients under 2 years of age
- Profile 2: Healthy patients 2-7 years of age
- Profile 3: Patients over 7 years of age or with questionable health status
- My pet is less than 8 years old and I DECLINE the above laboratory testing
- My pet had the recommended bloodwork completed on \_\_\_\_\_

- II. **IV Fluids/Catheter:** All patients undergoing anesthesia are recommended to have an intravenous catheter placed to allow for administration of fluids to help support blood pressure and to facilitate emergency treatment if possible. Cost for IV Fluids/Catheter is: \$49.00

- \_\_\_\_\_(initial) I AUTHORIZE the use of IV Fluids/Catheter while my pet is under anesthesia
- \_\_\_\_\_(initial) I DECLINE the use of IV Fluids/Catheter while my pet is under anesthesia

- III. **Microchip Implantation:** Cost also includes registration with Home Again

- AUTHORIZE                       DECLINE

- IV. **Histopathology:** Submit any excised masses to pathology laboratory for analysis

- AUTHORIZE                       DECLINE

- V. **Laser:** Provides pain relief and promotes healing at surgical site

- AUTHORIZE                       DECLINE

- VI. **Nail Trim**                       AUTHORIZE                       DECLINE

VII. **Other Services:** I request the following services be performed (if time allows).

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**Please list any medications, including over the counter supplements your pet is taking:**

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**Has your pet taken their medication this morning?**     YES     NO

**Has your pet been fasted (no food after 8pm, no water this morning)**     YES     NO

**I have discussed the above listed procedure with my pet's veterinarian and understand the costs involved. In addition to any tests/treatments selected above I understand there may be additional charges including but not limited to Elizabethan collar and take home medications.**

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I would like to be contacted via     Text    or     Email

with a discharge time for my pet at: \_\_\_\_\_