

SURGICAL/ANESTHESIA CONSENT AND RELEASE

Date: _____ Procedure: _____ Chart #: _____

Last Name: _____ Pet's Name: _____

Time of last food/water: _____

I verify that I am the owner (or authorized agent for the owner) of the above-named animal and authorize the above procedure to be performed. I authorize the use of anesthesia and other medication as deemed necessary by the veterinarian and understand that the hospital personnel will be employed in the procedure(s) as directed by the veterinarian.

I have been advised as to the nature of this procedure and the risks involved. I understand that there is always a risk associated with any anesthetic procedure, even in an apparently healthy animal and have discussed my concerns with the veterinarian. I understand that no guarantee or warranty can be professionally or ethically made regarding results or cure.

Anesthesia options: (Please initial both)

1.) Injectable _____

2.) Sevoflurane _____

Pre-anesthetic blood testing: For additional safety during the procedure, blood work is HIGHLY recommended.

(Mandatory blood work is required for all animals over 5 years of age**)**

(Please initial both: The doctor will discuss which bloodwork will be performed with you prior to testing)

1.) Pre-operative Blood Screening

1.) Accept: _____ Decline: _____

2.) General Health Profile

1.) Accept: _____ Decline: _____

Estimate:

I request _____ Decline _____ an estimate.

Pain Management: I understand that pain management is used as necessary.

I authorize _____ Decline _____ pain management.

Microchipping: Microchipping is a simple and safe way to permanently identify your pet. This option is available for most surgical procedures.

Yes, I want a HomeAgain Microchip

No, I decline a HomeAgain Microchip

Medical E-Collar:

_____ Yes, send home with a collar

_____ Decline, I understand I am taking the responsibility to keep my pet from damaging it's incision.

I understand that an intravenous catheter must be placed to ensure that my pet is safe throughout the procedure, that there is a patent vein for emergency medications, and to comply with medical board standards.

I agree to be responsible for any charges incurred while my pet is in the care of this facility and understand payment is due at the time my pet is released from this hospital. I understand that there are no staff employed after business hours (pets needing special care may be referred to a 24-hour hospital).

Authorized Owner's Signature: _____ Phone: _____