

PET HOSPITAL

Anesthesia and Procedural Consent Form

Client & Patient Information:

Consent and Release Statement

As part of \_\_\_\_\_ hospitalization, we have prepared this consent form to make sure you, the owner, understand and accept risks that are inherent with any surgery from routine to rare. Please read the following statements, answer them, and initial each decision. Should you have any further questions or concerns please bring them to our attention and we will answer them to the best of our ability. You are encouraged to ask questions until you are satisfied with the answers, both medical and financial. Please bring this signed form with you the day of your pet's surgery/procedure.

\_\_\_\_\_ 1. I understand that the following procedure(s) \_\_\_\_\_ will be performed on \_\_\_\_\_ on the following date \_\_\_\_\_.

\_\_\_\_\_ 2. I understand that food must be withheld from \_\_\_\_\_ after 8:30pm the night before anesthesia. However he/she can have water.

\_\_\_\_\_ 3. I understand that you will endeavor to follow accepted practices and that you will exercise your best professional judgment, but that you are unable to guarantee the success of the procedures performed.

\_\_\_\_\_ 4. I understand that there are risks associated with anesthesia and surgical procedures, including death. Though we make every effort to avoid these rare complications, they can occur.

\_\_\_\_\_ 5. I understand that during the performance of the above procedure(s), unforeseen conditions may arise. Therefore, I hereby consent to and authorize the performance of such emergency procedures (administration of emergency medications, monitoring equipment, bloodwork, etc.) as are necessary in the veterinarian's professional judgment. I will be contacted as soon as possible to approve further costs.

\_\_\_\_\_ 6. I understand that pre-anesthetic bloodwork is required for all pets 7 years and older. The cost for this pre-anesthetic blood work is \_\_\_\_\_. Pending the results of these tests additional lab work may be recommended. I will be contacted prior to any additional tests being conducted.

\_\_\_\_\_ 7. I understand that pre-anesthetic bloodwork is highly recommended for all pets to help reduce the anesthetic risk to the patient. (Circle one) I **ACCEPT** **DECLINE** pre-anesthetic bloodwork for my pet that is between 0-6 years of age. The cost of this bloodwork is \_\_\_\_\_.

\_\_\_\_\_ 8. I understand that all vaccinations must be current before the above procedures can be performed. If they are not current, I agree to their being updated upon entry. If this is my pet's first time to the clinic or my pet has not had a physical exam by one of our veterinarians in the past 6 months, there will be a physical exam completed prior to any vaccinations or procedures. I agree to pay for such vaccinations and exam.

\_\_\_\_\_ Cost:\_\_\_\_\_

\_\_\_\_\_ 9. If any animal is left unclaimed following the completion of services, I understand that written notice will be mailed to me, and that I will be asked to remove the animal. I agree that five days after such written notice is mailed, the animal may be considered abandoned and will be handled by the Monticello-Big Lake Pet Hospital as they see fit. It is understood that your doing so does not release me from paying all costs of your service and the use of your hospital, including the cost of keeping.

\_\_\_\_\_ 10. Current Medications \_\_\_\_\_ is taking:\_\_\_\_\_

Medication(s) given the morning of surgery? Yes:\_\_\_\_\_ NO\_\_\_\_\_

\_\_\_\_\_ 11. I have read and understand this consent and release. I agree that all costs for services rendered are due and payable when service is rendered or upon discharge of \_\_\_\_\_.

\_\_\_\_\_ 12. I understand that an anesthetic surgical procedure requires scheduled time with our staff and our surgical suite hence a minimum of **24 hours notice of appointment cancellation is requested.**

\_\_\_\_\_ 13. While your pet is under anesthesia is an ideal time to have your pet Microchipped. Microchipping provides your pet with a permanent form of identification to help ensure its safe return home should it be brought into a shelter or pound. The cost is **\$29.80** for implantation and a lifetime registration. I (circle one) ACCEPT DECLINE the microchip procedure.

**If the surgeon determines an additional medical, surgical or dental procedure is necessary we will work to reach you at the phone numbers you provide below.**

**In the event the Monticello-Big Lake Pet Hospital is unable to reach me:**

\_\_\_\_\_ I want the doctor to perform the procedure(s) deemed necessary and understand that there will be additional costs.

\_\_\_\_\_ NO, do not perform any additional unapproved procedures. I understand my pet may have to undergo another anesthetic episode to complete the procedure.

**PICK-UP TIME:**\_\_\_\_\_

**Phone Numbers that you can be reached at the day of surgery:**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

By signing below I authorize that I am the owner of this pet or an authorized agent of the owner and am 18 years of age or older. If you are not the owner, (as listed on Page 1) I will state my relationship to the owner and provide documentation that I am an authorized agent of the owner.

\_\_\_\_\_/\_\_\_\_\_  
Signature Date Printed Name