Monticello Pet Hospital Anesthesia and Surgery Consent Form

Owners Name		Phone #:			
Address					
Patient Name	D.0	D.B/Age		Sex	

We have prepared this consent form to make sure you, the owner, understand and accept the risks that are inherent with any procedure from routine to rare. Please read the following statements. 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.

- 1. I understand that the following procedure(s) will be performed on the pet listed above: (If Spay, last heat cycle)
- 2. I have the following medical concerns I would like addressed today prior to the procedure(s) listed above:

3. The pet listed above was last fed at:

4. The pet listed above is currently taking the following medications:

Were the medications given the morning of the procedure?

No

Yes, medications given and time:

5. Monticello Pet Hospital recommends keeping your pet's vaccines current at all times. The following vaccines are due at this time:

The costs for these services are not included with the procedure(s) listed above. I accept or decline these services

Accept

Decline

Intravenous Catheterization:

An intravenous catheter is placed for easy vascular access and to allow intravenous fluids to be given during your pet's procedure today. For sterility, hair will need to be shaved over a vein on the leg so that an intravenous catheter can be placed.



I agree to have my pet's hair shaved

I elect to not have my pet's hair shaved and understand the risks involved with not shaving the area including infection.

Pre-anesthetic Bloodwork:

Pre-anesthetic bloodwork is recommended for all pets which allows assessment of organ function, glucose, electrolytes, platelets, red and white blood cells, and evaluation for underlying diseases such as: diabetes, infection,

dehydration, anemia, liver and kidney dysfunction that may increase your pet's anesthetic risks and/or complicate recovery.

A Comprehensive Profile is required for all senior pets (7 years & older) or any pets with chronic health problems						
**Comprehensive Profile: Chem 17, Electrolytes, CBC 178.84 Limited Profile: Chem 10,						
E rolytes, CBC- \$152.21						
Bloodwork was performed prior to surgery date.						
My pet is under 7 years of age and I decline pre-anesthetic bloodwork. I understand that this prevents the doctor from being able to determine any underlying illnesses that could affect my pet under anesthesia and/or surgical plan.						
Additional Bloodwork Options:						
4DX: Heartworm, Lyme Disease, Anaplasma, Ehrlichia- \$67.77 (Dogs only)						
Feline Triple Test: Leukemia, FIV, Heartworm- \$65.51 (Cats only)						
Additional Procedures: The following additional procedures are recommended to better the health of your pet and outcome of the procedure(s) being performed today. The cost for these services is not included with the procedure(s) listed above and may vary depending on the procedure.						
 Microchipping your pet while under anesthesia is an ideal opportunity to protect your pet. The cost for the microchip implantation and lift he registration is \$45.0 Already has Microchip Accept Decline 						
2. I understand that if my pet still has retained deciduous teeth at time of this anesthetic procedure, it is remmended have them removed.						
3. I understand that histopathology of the tissue sample and/or mass collected today is recommended by the V rinarian. Accept Decline N/A						
4. It is recommended to have an E-Collar sent home today with my pet.						
Additional Anesthetic Procedures: In the event Monticello Pet Hospital is unable to reach you at the phone number(s) you have provided and unforeseen conditions arise that require your authorization for additional services while your pet is anesthetized:						
I want the doctor to perform the procedure(s) deemed necessary and understand that there may be additional costs. I approve up to \$						

NO, do not perform any additional unapproved procedures. I understand that my pet may have to undergo another anesthetic episode to complete the procedure recommended, which may result in additional fees.

Cardiopulmonary Resuscitation- CPR:

I understand that there are risks associated with anesthesia and procedures, including death. Though we make every effort to avoid these rare complications, they can occur. Monticello Pet Hospital will endeavor to

follow accepted practices and exercise our best professional judgment, but we are unable to guarantee the success of the procedures performed. I agree to inform the Monticello Pet Hospital of any previous medical conditions that may affect my pet during anesthesia and/or any anesthetic complications that I am aware of.					
In the event your pet should experience cardiac or respiratory arrest while being hospitalized and/or anesthetized today, do you give consent for resuscitative efforts to be initiated until you can be contacted further and notified of your pets' status?					
By consenting to this service, you are also acknowledging that certain fees will apply. If you are not able to be contacted immediately, resuscitation efforts will be continued to be performed at the doctor's discretion.					
I agree to CPR being performed in case darrest Not Resuscitate" status in case of arrest	l elect a " Do				
To be completed with Veterinary Technician at the time of check-in.					
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. I acknowledge that I have read and understand this consent and release. If I have elected to decline recommended services, I understand the risks and acknowledge that my pet may need additional procedures including another anesthetic procedure, which may result in additional fees. I agree that all costs for services rendered are due and payable when my pet is discharged. I also acknowledge that any animal that is left unclaimed may be considered abandoned and will be handled by Monticello Pet Hospital as they see fit. Abandoning your animal does not release you from paying all costs of the animal's service.					
I understand that an estimate is available for my review prior to signing this consent.					
Estimate Requested Estimate Declined	Intake Staff				
Best phone number(s) to reach you at today:	Pick-up Time				
Signature of Owner: Date					
Printed name of Owner:					

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