

## Anesthesia/ Sedation Risk Consent Form

Client's Name: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Phone number(s) where you can be reach today: \_\_\_\_\_

TODAYS PROCEDURE(S): \_\_\_\_\_

HAS YOUR PET HAD ANY FOOD OR WATER PAST MIDNIGHT LAST NIGHT \_\_\_ YES \_\_\_ NO

\*please inform us if your pet has had any food or water after midnight, vomiting during and after surgery is very common and if they aspirate food/water they can have severe anesthesia complications and or die

### PRE-ANESTHETIC BLOODWORK

Anesthetic episodes carry an inherent risk. Undoubtedly the importance of the procedure outweighs the potential for complications. Pre-anesthetic bloodwork will help minimize the risks during anesthesia and surgery. By testing blood chemistries and hematology values, we can better evaluate the status of your pet's major organ systems. (*Highly recommended for pets over 6 years of age.*)

\_\_\_ Yes, I consent to the pre-anesthetic bloodwork for \$90 \_\_\_ No, I decline the pre-anes. bloodwork.

### IV FLUIDS

Intravenous catheter placement allows for IV fluid administration during and after surgery to maintain optimal blood pressure. It also allows for the immediate administration of IV emergency drugs should an anesthetic complication arises.

\_\_\_ Yes, I consent to the IV fluids of an additional \$55 \_\_\_ No, I decline IV fluids.

### 24 PETWATCH MICROCHIP PERMANENT IDENTIFICATION

We have the technology to safely and permanently insert a microchip under your pet's skin, which will allow anyone (for example, animal shelters and veterinary clinics) to scan and identify your pet if lost or stolen.

\_\_\_ Yes, I consent to the placement of a microchip under my pet's skin for \$29.

\_\_\_ No, I decline placement of a microchip under my pet's skin.

### ADDITIONAL SERVICES DURING SURGERY

Pet will receive a complimentary pre-anesthesia exam to assess vitals, cardiac, and respiratory function before anesthesia. If you would like a separate health concern examined there is a separate examination fee and the doctor will speak to you regarding the exam findings.

\_\_\_ No I have no health concerns that I would like examined on my pet

\_\_\_ Yes Exam Fee \$40 additional Describe concern: \_\_\_\_\_

Nail Trim \$5 \_\_\_ Yes \_\_\_ No

Ear Cleaning \$5 \_\_\_ Yes \_\_\_ No

*I understand that anesthesia/sedation comes with inherent risks and that complications and even death are possible. I understand that during the performance of procedures for the above situation(s), unforeseen conditions may be revealed that necessitate and extension of the foregoing procedures, or even procedures necessary and desirable in the exercise of the veterinarian's professional judgment. I have been advised of the nature of the services and procedures, as well as the risks involved, and I also realize that results cannot be guaranteed. I additionally authorize the use of appropriate anesthetics, and the administration of other medications, and understand that hospital staff will be utilized as deemed necessary by the veterinarian.*

In the event that we discover additional necessary or recommended treatments and we are unable to reach you at the number(s) you have given us today, do you approve those treatments? NO \_\_\_ YES \_\_\_ up to \$ \_\_\_\_\_

**APPROPRIATE PAIN MEDICATION IS ROUTINELY GIVEN TO PATIENTS AFTER ALL SURGICAL AND DENTAL PROCEDURES.** I am the owner of the above described animal and have the authority to execute this consent and authorization.

(Date)

(Signature of owner or agent)