

Southlake Animal Hospital

Anesthesia/Surgical Consent Form

Tech Int'l's _____

Date: _____

Owner: _____ Animal Name: _____ Doctor: _____

Age: _____ Species: _____ Breed: _____ Male Neutered Female Spayed YES NO I would like to be contacted after my pet's procedure. Contact Number: _____

Alternate Number: _____

Has your pet eaten any food today? YES NO If yes, how much? _____Has your pet had any unusual symptoms in the past two days, for example: coughing, sneezing, vomiting, or diarrhea? YES NO
If yes, please describe symptoms _____

* **As the owner or agent of the above animal, I hereby give my consent to Southlake Animal Hospital to perform the following procedure:**

Southlake Animal Technicians and Doctors closely monitor each patient that undergoes any anesthetic procedure. Our monitoring equipment monitors your pet's heart rate, ECG, respiratory rate, blood oxygen level, blood pressure and body temperature while under anesthesia.

The price for the following has been included for grouped procedures such as dentals, ovariohysterectomies (spay), and neuters. Depending on the species, age, or medical condition of your pet or type of procedure requiring anesthesia/sedation, the following may not be required or may be performed at the discretion of the attending veterinarian. An estimate is available upon request.

PREANESTHETIC BLOOD TESTING

We require preanesthetic blood screening for all pets with general anesthesia. This allows the doctor to look for any underlying problems with the liver and kidneys. In addition to the lungs, these are the primary internal organs responsible for eliminating the anesthetic gas from the body.

INTRAVENOUS CATHETER (IV)

We require placement of an IV catheter before performing anesthesia. Our goal for Southlake Animal Hospital is to make this surgical procedure as safe as possible for your pet. Placing an IV catheter allows direct access to the circulatory system in the event your pet may need IV fluids, transfusion, or emergency medication during the procedure.

INTRAVENOUS FLUIDS

The doctor may give supplemental fluid therapy to your pet while under anesthesia. This is especially important for geriatric patients. Providing fluids keeps your pet hydrated, stabilizes blood pressure, and aids the liver and kidneys in eliminating anesthetic gas from the body.

PAIN MANAGEMENT

Surgical analgesics (painkillers) provide comfort, reduce stress and allow for a smooth recovery from surgery. Your pet will be given a pain injection prior to his/her surgical procedure. Depending on the type of surgical procedure performed, it is recommended to continue oral pain relief while your pet is recovering at home.

 YES, I want my pet to receive additional pain relief medication at home. (Additional charge) NO, I do not want additional pain medication.

ADDITIONAL SERVICES

YES NO My pet is already microchipped **AVID** Identification Microchip Implant. In the event your pet becomes lost or stolen, a microchip containing an identification number is placed under your pet's skin and can be read by a scanner to identify your pet and contact pet owners. Most Veterinarians and Animal Shelters are equipped with scanners to identify missing pets.

PLEASE READ CAREFULLY I understand unforeseen conditions may be revealed that necessitate an extension of the procedure(s), or complications of a life threatening nature may occur and I hereby consent to and authorize the veterinarian and support personnel to alter the procedure or provide such treatments that in the veterinarian's professional judgment are necessary to safeguard the life and health of my pet. I was advised regarding the nature of the procedure and its accompanied risks and I realize results cannot be guaranteed. I authorize the use of appropriate anesthetics, medicines, and diagnostic tests deemed necessary by the veterinarian for the safe performance of the procedure(s). I assume full responsibility for the care of my pet after it is released from the hospital and I will contact the hospital immediately if questions or complications develop during home care.

I have read and understand the above authorization and consent: Signature _____ Date: _____