

**Southlake Animal
Hospital**
Anesthesia/Surgical Consent

Client		Patient		Sex	
Date		DOB		Species	
Phone		Age		Breed	

I would like to be contacted after my pet's procedure. Contact Number: _____ TEXT CALL

Alternate Number: _____ TEXT CALL

YES NO Has your pet eaten any food today? If yes, how much and when? _____

YES NO Has your pet had any unusual symptoms in the past two days, for example: coughing, sneezing, vomiting, or diarrhea?
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.

PREGNANCY - If your pet is found to be pregnant during the ovariohysterectomy, would you wish to be contacted before proceeding? YES NO
If we are unable to reach you, would you like us to proceed? YES NO Owners will still be responsible for the full ovariohysterectomy charge if we stop the procedure. An additional fee will be charged for pregnant animals.

NOTE - On large breed dogs, approximately 20% may develop urinary incontinence and require medication at some point in their life after an ovariohysterectomy. **Initial** _____

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. YES NO Do you need an estimate before this procedure is performed?

PREANESTHETIC BLOOD TESTING

We require pre-anesthetic 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) AND INTRAVENOUS FLUIDS

We require placement of an IV catheter before performing anesthesia. Our goal 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 a transfusion or emergency medication during the procedure. Your pet will get fluid therapy 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. Would you like your pet to receive pain relief medication to take home (additional charge)? YES NO

HOME AGAIN MICROCHIP IMPLANT

Home Again Microchip Implant. In the event your pet becomes lost or stolen, a microchip containing an identification number which is placed under your pet's skin can be read by a scanner to identify your pet and contact owners. Most veterinarians and Animal Shelters are equipped with scanners to identify missing pets.

Do you want your pet microchipped YES NO

My pet is already microchipped.

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 judgement 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 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: _____