

# Southlake Animal Hospital

Anesthesia/Surgical Consent

<b>Client</b>		<b>Patient</b>		<b>Sex</b>	
<b>Date</b>		<b>DOB</b>		<b>Species</b>	
<b>Phone</b>		<b>Age</b>		<b>Breed</b>	

Contact #: \_\_\_\_\_ ☐ TEXT ☐ CALL

**DO YOU NEED AN ESTIMATE?** ☐ YES or ☐ NO

Alternate #: \_\_\_\_\_ ☐ 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 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 dogs over 35 pounds approximately 20% may develop urinary incontinence and require medication at some point in their life after an ovariohysterectomy. Initials** \_\_\_\_\_

\*\*\*The price for the following has been included for grouped procedures such as dentals, ovariohysterectomy (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.\*\*\*

**Preanesthetic blood testing & IV Catheter: OPTIONAL FOR FELINE CASTRATION ONLY! We do still recommend both but do not require due to the short time of anesthesia required for surgery.** ☐ YES, please proceed or ☐ NO, I understand the risk and do not wish to have either.

**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, your pet will be sent home with pain relief medication to be given at home if the doctor believe it is necessary for the pets' recovery. (add'l charge). **Initial** \_\_\_\_\_

**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. ☐ YES please microchip. ☐ NO thank you. ☐ 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: \_\_\_\_\_