



Surgery and Anesthesia Consent Form

Please fill out this form as completely and accurately as possible.

Date: _____

- Client name: _____
- Patient name: _____
- Procedure(s) to be performed today: _____
- Phone number at which owner can be reached: _____
- Additional number: _____
- During and after the procedure, how would you like to be reached for updates?
 - Text
 - Call
- I understand that if my pet is over 7 years old or has underlying health conditions and is not up to date on blood work in the past 6 months, it will be performed prior to the surgical procedure:
 - I have read and agree.
- If your pet is under 7 years old, would you like preoperative bloodwork to check for underlying conditions that could interfere with anesthesia? Yes No
- ◆ Dental Procedures: Would you like to be called during the procedure prior to any necessary tooth extractions to give consent? Yes No
- ◆ Would you like us to microchip your pet: *There is an additional fee for this procedure*
 - Yes No My pet is already microchipped
- ◆ Would you like us to clean your pet's ears? *There is an additional fee for this procedure*
 - Yes No



◆ Would you like a complimentary nail trim for your pet?

Yes No

◆ Are there any additional services you would like us to perform if time permits and if your pet is doing well under anesthesia? (small mass removals, vaccine updates, express anal glands...)

❖ Did your pet receive any medications this morning?

Yes No

If yes, please list the medications below and the time they were given:

❖ When was the last time your pet was fed (day and time)? _____

➤ Advances in anesthesia and surgery have made routine procedures relatively safe with a low rate of complications. However, some risks always exist with anesthesia and/or surgery. We encourage you to discuss any concerns you have about those risks with the attending veterinarian before the procedure(s) to ensure you understand them.

I have read and agree.

➤ I understand that the attending veterinarian will make every effort to contact me regarding treatment in the case of unforeseen emergencies. If unable to contact me, do I give my permission to proceed with life-sustaining procedures?

Yes, I give my permission

No, I do not give my permission

Signature:

We realize that surgery and anesthesia are sometimes worrisome for both owners and patients, we always attempt to make surgery day safe and comfortable for all members involved.

