

ANESTHESIA/SEDATION/SURGERY CONSENT FORM

Pets and Vets as Partners, PLLC

Dr. Emily Bowers, Dr. Natalie Strode, and Dr. Rhetta Mellencamp

Owner's Name: _____ Pet's Name: _____ Date: _____

Surgery or procedure to be performed: _____

Home phone: _____ Phone number where you may be reached today: _____

Would you like to receive a text message with an update after your pet is awake from anesthesia? **Y** **N**

Phone number where you can receive a text message: _____ Picture messages ok? **Y** **N**

PATIENT INFORMATION

1. When was the last time your pet was given food (time)? _____
2. Is your pet currently showing any signs of illness? _____
3. Please list any and all medications your pet is taking: _____
 - a. When was the last time they were given? _____
4. Has your pet had any previous reactions to anesthesia? **Yes** **No**

PRE-ANESTHETIC LABORATORY TESTING

We strongly recommend that a pre-anesthetic blood profile be performed to maximize your pet's safety and to alert the doctor to the presence of dehydration, anemia, infection, diabetes, kidney and/or liver disease. If your pet has any of these conditions and they are left undetected, the anesthetic procedure may have complications. The results of the recommended laboratory testing can help the doctor determine the appropriate anesthetic protocol for your pet. (please initial one of the options below)

- _____ Healthy patients 6 years and under. This panel includes: BUN, creatinine, ALK, ALT, glucose, total protein, and a complete blood count. This panel costs \$52.50.
- _____ Sick patients and/or patients 7 years and older. This panel includes: All of the tests in the previous profile, plus albumin, phosphorus, calcium, total bilirubin, amylase, lipase, and cholesterol. This panel costs \$71.00.
- _____ I have brought my pet in within the last month and had pre-anesthetic bloodwork sent to the outside lab.
- _____ I decline to have the recommended pre-anesthetic bloodwork performed and I understand the associated risks.

INTRAVENIOUS CATHETER AND FLUIDS

It is the policy of Pets and Vets as Partners, PLLC that any patient 10 years or older will have an I.V. catheter placed and be given intravenous fluids during the anesthetic procedure. You are responsible for this additional charge of up to \$37.00 dollars (cost is dependant on patient size and length of procedure).

HomeAgain Microchip

- _____ I would like to take this opportunity to have my pet microchipped at a discounted price of \$37.25 rather than the regular price of \$47.25.

DENTAL PROCEDURES ONLY

(please initial one of the options below)

___ I will be available during the dental procedure and WOULD LIKE to be called if extractions are necessary.

Please call me at: _____

*If choosing this option, please make sure you are available, because we will be calling while your pet is under anesthesia and we will not be able to perform the extractions without your consent.

___ I will be available during the dental procedure, but I DO NOT need to be called if extractions are needed.

___ I will NOT be available during the dental procedure and I give my authorization to extract teeth as necessary.

___ I would like to take this time to have Oravet applied to my pet's teeth for the additional cost of \$27.10. This product will last 2 weeks and will need to be continued at home. It is an alternative to brushing.

VACCINATION STATUS

All admitted animals must be current on their vaccinations and must be free of external parasites. Any animal found to have fleas or ticks will be treated at the owner's expense. The bordetella (kennel cough) vaccine is also required for dogs. If a dog has not had this vaccine within the last year it will be given at the owner's expense.

CARDIOPULMONARY ARREST

There are very rare risks of undergoing general anesthesia. Some animals are at a greater risk than others. The doctors and staff of Pets and Vets as Partners take every precaution possible to prevent these risks. In case of cardiopulmonary arrest during anesthesia please:

___ DO resuscitate (perform CPR) in case of cardiopulmonary arrest.

___ DO NOT resuscitate (perform CPR) in case of cardiopulmonary arrest.

AUTHORIZATION

* I verify I am the owner (or Authorized agent for the owner) of the above named pet and authorize the above procedure to be performed. I authorize the use of anesthesia and other medication as deemed necessary by the veterinarian.

* I have been advised as to the nature of this procedure and of the risks involved. I understand that there is always a risk with any anesthetic procedure, even in apparently healthy animals and I have discussed my concerns with the veterinarian. I understand that it may be necessary to provide medical and/or surgical procedures which are not anticipated for the safety or care of my pet. I hereby consent to and authorize the performance of such altered and/or additional procedures as are necessary in the veterinarian's professional judgment. I accept responsibility for any result in additional charges.

* I agree to be responsible for any charges incurred while my pet is in the care of Pets and Vets as Partners, PLLC and understand payment is due at the time my pet is released from the hospital. I understand no staff will be attending to my pet overnight (pets needing special care may be referred to a 24 hour hospital).

Signature of Owner or Agent: _____ Date: _____