

Anesthesia/Surgery Consent

Client Name: _____ **Pet's Name:** _____

Species: _____ **Breed:** _____

Age: _____ **Sex:** Male Neutered Female Spayed

Anesthetic and surgical procedures(s) to be performed: _____

I, the undersigned owner of the pet identified above, certify that I _____ **am** eighteen years of age or over and authorize the veterinarian(s) at Coburg Veterinary Clinic & House Calls to perform the above procedures(s). I understand that some risks always exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure(s) is/are initiated. Should unexpected life-saving emergency care be required and the hospital staff is unable to reach me, the staff **has my permission** _____ or **does not have my permission** _____ (initial one) to provide such treatment and I agree to pay for such services.

Pre-Anesthetic Blood Screen: In order to recognize any underlying abnormalities your pet may have, we recommend having a pre-surgical blood profile run on your animal which will check blood glucose, kidney and liver enzymes, electrolytes, red blood count and protein levels. These blood tests will help us to assess the health status of your pet more completely and determine if there are any additional precautions we need to take before surgery. We require a blood profile for geriatric animals (animals older than 7 years).

Yes, I accept _____ No, I decline _____

Pre-op Electrocardiogram (ECG): Assessment of the patient's cardiac risk of sedation or anesthesia.

Yes, I accept _____ No, I decline _____

IV Catheter: The purpose of an IV Catheter is to provide rapid access for administration of emergency drugs in the event your animal has complications with anesthesia. It also allows administration of IV fluids.

Yes, I accept _____ No, I decline _____

Pain Medication: Pain medication is available to help relieve post-operative pain.

Yes, I accept _____ No, I decline _____

Laser Therapy: Laser therapy involves the use of a Class IV laser in order to relieve pain and accelerate healing. Laser therapy can be applied to a wide variety of conditions, including post-surgical trauma, open wounds, ear infections and inflammation, chronic pain such as arthritis, etc. \$20.00-\$60.00 (price varies depending on condition, diagnosis, and number of sites)

Yes, I accept _____ No, I decline _____

Microchip: This is an implanted chip to ensure the return of your pet should he/she become lost. \$60.00

Yes, I accept _____ No, I decline _____

OraVet: OraVet is a barrier sealant and a home-care plaque prevention gel, which is applied once weekly, and could greatly reduce the number of dental cleanings your pet may need. The barrier sealant (which we apply) ranges from \$8.60 to 21.50 depending on the size of the patient. The OraVet plaque prevention gel take home kit is \$45.00 for an 8 week treatment.

Yes, I accept _____ No, I decline _____

Extractions: Extractions are sometimes necessary during a dental cleaning, we are not always aware of them prior to the pet being under anesthesia. Teeth are only extracted when necessary for pets optimal health.

Yes, I accept _____ No, I decline _____

Heartworm Test : (Canine only) All canines need to be heartworm tested prior to starting heart worm preventative due to the risks involved in giving a heartworm positive dog a heart worm preventative. (not applicable to canines 6 months and younger)

Yes, I accept _____ No, I decline _____

Heartworm Prevention: (Canine only) A prescription for a monthly heartworm prevention is needed to prevent deadly heartworm disease. Prices vary depending on product chosen and quantity purchased.

Yes, I accept _____ No, I decline _____

Feline Leukemia/FIV test: (Feline only) All felines should be tested for FeLV/FIV prior to starting vaccines, or if the feline falls ill.

Yes, I accept _____ No, I decline _____

Please do not feed your pet past 9:00 pm the night before surgery. Water is ok until the morning of the procedure. Please do not give any medication past 9:00 pm the night before surgery unless directed otherwise.

Time pet last ate: _____

Medication(s) last given: _____

Additional procedures requested: _____

Additional notes or concerns: _____

While I accept that all procedures will be performed to the best of the abilities of the staff at this hospital, I understand that no guarantee or warranty has been made regarding the results that may be achieved. I assume all financial responsibility for treatment, and will provide payment via cash, Visa, MasterCard or Discover at the time my pet is discharged from the hospital. My signature on this form indicates that I have read and fully understand the terms and conditions set forth above and any questions I have regarding the procedure(s) have been answered to my satisfaction.

Signature of Owner _____ **Date** _____

Emergency contact(s): It is very important that you can be reached at the listed number(s). In the event of an emergency, or if there is a question that needs to be answered about your pet prior to or during anesthesia, we need to be able to reach you promptly.

1.) Name: _____ Phone Number: () _____

2.) Name: _____ Phone Number: () _____

3.) Name: _____ Phone Number: () _____