

ANGEL ANIMAL HOSPITAL
Anesthesia/Surgery Consent Form

Date: _____ Procedure: _____

Client's Name: _____ Pet's name: _____

Your pet will be undergoing general anesthesia plus a surgical procedure today. Your signature below authorizes anesthesia for the purpose of the procedure to be performed at Angel Animal Hospital, understanding the possibility of complications. Specialists are available for more complicated non-elective surgical cases. Although Angel Animal Hospital strives to provide the highest quality of anesthesia monitoring and surgical services, you understand that there is always a risk associated with any anesthetic or surgical procedure, even in apparently healthy animals and are aware that you should discuss any concerns with the veterinarian prior to surgery. In particular, you understand that there is an extremely small risk of death, complications, or side effects every time an anesthetic is used or surgery is performed and have been advised of the possibility. Your signature indicates that you acknowledge these risks and understand that although the veterinarians and hospital staff will try to minimize such risks you will not hold Angel Animal Hospital, the veterinarians, or any staff member liable for any complications that may arise.

In order to recognize any underlying abnormalities your pet may have, we recommend having a pre-surgical blood profile run on your animal. This consists of several tests, which will check presence of infection, blood glucose, kidney and liver enzymes, and other systems. 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 highly recommend a blood profile for geriatric animals (animals older than 6 years). There is an additional charge of \$89.50 for these blood tests.

I DO _____ DO NOT _____ wish to have the pre-surgical blood work run today. (Please initial.)

Your pet's health is very important to us, so as an additional safety measure, an intravenous (IV) catheter will be placed prior to your pet's surgery today. This will allow for the immediate administration of life-saving drugs in the event of an emergency. Due to the catheter placement, it will be necessary to shave some of the hair from one or both of your pet's legs. Catheter placement enables us to administer IV fluids during the procedure, which helps prevent low blood pressure and dehydration in your pet. IV fluids help provide support to the circulatory system, prevent dehydration, and aid in a quicker recovery from anesthesia. IV fluids will be required for some pets determined by the doctor to be a higher anesthetic risk, but are recommended and offered for every pet as an additional precaution. There is an additional charge of \$49.50 for IV fluids with surgery if elected.

I DO _____ DO NOT _____ wish to have IV fluids administered during surgery. (Please initial.)

Many pets may not readily indicate discomfort felt after surgical procedures. Your pet's procedure will include a postoperative pain injection for initial pain relief, as well as a post-operative laser therapy treatment to help reduce the pain associated with surgery and to speed healing. Laser therapy uses laser light to penetrate tissue, reducing pain and inflammation and increasing healing. Dispensed, oral pain medications for longer-term pain control at home are available and often recommended at the doctor's discretion. The cost of oral medication dispensed for 5 days will be \$20-\$30 for most pets depending on the weight.

I DO _____ DO NOT _____ wish to have dispensed, oral pain medications. (Please initial.)

(continued on next page)

A microchip is a way to permanently identify your pet, and is available at a discounted rate of \$35.00 (normal \$49.50) while your pet is under anesthesia.

I DO _____ DO NOT _____ wish to have my pet microchipped today. (Please initial.)

If fleas are found upon entering the hospital, an inexpensive pill will be given to kill the fleas.

How many hours has it been since your pet had food? _____Hrs. Water? _____Hrs.

Signature _____

Contact Phone Number _____