

Bay Animal Hospital
Surgical/Anesthesia Consent Form

Client name _____ Pet's Name _____

Best phone number(s) we may reach you today: 1. (_____) _____ 2. (_____) _____

Our greatest concern is the welfare of your pet. Before today's procedure we will perform a physical examination and notify you of any abnormal findings that could affect anesthetic risk. During the procedure we will continually monitor oxygen level, heart rate, respiratory rate, and blood pressure, and your pet will have an intravenous catheter in place to allow administration of fluids and any necessary medications. These precautions will help to minimize risk, but even healthy patients with close monitoring have a small chance of complications, up to and including death. To further decrease any risks and insure your pet's health and safety, we strongly recommend blood testing to identify unseen disorders of the liver, kidneys, and/or immune system.

These pre-anesthetic blood testing is strongly recommended for all animals over 7 years of age or with pre-existing medical conditions and highly encouraged for all pets. (Please initial one)

_____ **YES**, I want my pet to have the recommended blood work (cost is in addition to cost of the surgery)

_____ **NO**, my pet has had recent blood work (within the past 30 days) that the doctor has reviewed

_____ **NO**, I decline the recommended screening and understand the above-stated risks

Your pet will receive pain medications before and after surgery, which is included in the cost of the procedure. He or she will also receive a complimentary nail trim while under anesthesia (if needed). Any additional procedures, injections (anti-inflammatories, nerve blocks, etc.), and/or prescribed oral medications to be administered at home will incur additional fees.

Please check any additional procedures that you would like us to perform on your pet today (to be completed at the doctor's discretion):

_____ Removal of deciduous (baby) teeth, if any are present _____ K9 Ear cleaning
_____ X-rays to screen for hip or elbow dysplasia or arthritis _____ Anal gland expression
_____ Vaccinations (price varies with each vaccine) _____ Microchip placement (includes registration)

Other: _____

Please initial one of the following:

_____ **I have received a written estimate for today's procedure**
_____ **I would like BAH to call with an estimate prior to my pet's procedure**
_____ **I do not require an estimate**

If your pet is having dental work, initial one of the following:

_____ I authorize any necessary extractions, no need to call first
_____ I authorize any necessary extraction, but please call first at the numbers listed above. I understand that you will make every attempt to reach me. However, in the event I am unreachable you will proceed with all necessary extractions, and that I am responsible for the costs incurred.
_____ I do not authorize extractions. Please call first at the numbers listed above to discuss recommendations. I understand that you will make every attempt to reach me. However, in the event I am unreachable, we may have to re-anesthetize at a later date to complete the procedure.

Please initial

_____ **My pet has not eaten in the last 8 hours and is acting normal at home**

I have read and understand this consent form and give Bay Animal Hospital permission to anesthetize my pet. I understand that payment is required in full at pickup and I may be asked to leave a deposit at drop-off.

X _____

Signature of Owner / Authorized Representative

Date

rev: 12-10-15