

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 your pet's vital signs and 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 ensure 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 tests are strongly recommended for all pet's, especially for those over 7 years of age or with pre-existing medical conditions. Please initial one:

_____ **NO**, my pet has already had bloodwork.

_____ **YES**, I want my pet to have the recommended blood work (additional cost).

_____ **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. 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	_____ Nail trim (if needed at no charge)
_____ X-rays to screen for hip or elbow dysplasia or arthritis	_____ K9 Ear cleaning
_____ Vaccinations (price varies with each vaccine)	_____ Anal gland expression
Other: _____	_____ Microchip placement (includes registration)

Please initial:

_____ I have received a written estimate for today's procedure and am aware I will be notified by the doctor before any changes are made

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

_____ I authorize any necessary extraction(s), 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 I will be 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 that I am unreachable, we may have to re-anesthetize my pet 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.

In the event of an emergency, Bay Animal Hospital veterinarians will perform CPR/life-saving measures while we attempt to reach you.

Please initial and confirm below your authorization:

_____ **Perform CPR** _____ **Do Not Perform CPR**

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 the time of pickup and I may be asked to leave a deposit at drop-off.

X _____
Signature of Owner / Authorized Representative

Date