

## Anesthetic Consent Form

Date \_\_\_\_\_ Reviewed By: \_\_\_\_\_

Last Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Has your address or phone number changed? ( ) YES ( ) NO

Procedure(s) requested: \_\_\_\_\_

When did your pet eat last? \_\_\_\_\_

Your pet's last dose of Heartworm Prevention given on \_\_\_\_\_

When your pet is waking up from procedure, would you prefer text \_\_\_\_\_  
or a phone call? \_\_\_\_\_

Post-Op Report for **dentals**: emailed ( ) \_\_\_\_\_ or printed ( )

### **Pre-Anesthetic Blood Testing**

Our greatest concern is the well being of your pet. We will perform a physical examination before administering anesthesia. However, disorders of the liver and kidneys are not detected unless blood testing is done. Abnormalities may increase anesthetic risk. For these reasons we require pre-anesthetic blood screens for general anesthesia. An ECG is also recommended for pets to detect abnormal rhythms of the heart which can be present without a heart murmur.

### **Please check one of the following.**

( ) Chemistry Profile + PCV(IH) ,CBC(send out) ECG \$290

( ) Chemistry Profile + PCV(IH), CBC(send out) \$216

( ) ECG \$74

( ) Already Performed

The doctor reserves the right to refuse to do any surgery without any blood work being done.

### **Convenia**

Convenia is an injectable antibiotic that is proven safe and effective. A single injection of convenia is equivalent to 14 days of oral antibiotics. THE ADVANTAGE..... no missed doses. Choose the convenient way to medicate my pet. If Dr.feels antibiotic is not indicated, it will not be given.

( ) YES, I would like my pet to receive Convenia today.

1 – 20 pounds \$90

21-40 pounds \$143

41-60 pounds \$171

61-80 pounds \$198

( ) No, I do NOT want Convenia.

**Microchipping** – Permanent Microchip Identification System designed to identify lost pets and reunite them with their owner. (First year registration included. \$19.99 savings.) **\$63 + tax**

( ) YES, I would like my pet microchipped today.

**Additional Services** – All services are performed while your pet is under anesthesia.

- Anal gland expression \$36
- Growth removal (price varies)
- Ear cleaning \$46

**Nail Trim( + tax)**

- I would like my pet’s nails trimmed while <he> is asleep. **\$14 PLUS TAX**
- I would like my pet's nails cut and filed while<he> is asleep. This procedure rounds the edges of the nail so they are not as sharp. **\$28**
- I would like my pet’s nails cut past the quick while <he> is asleep. This procedure is ideal for dogs whose nails are too long. A topical anesthetic is applied to lessen pain and stop the bleeding. (This procedure will not be performed without anesthesia and will require pain meds to go home) **\$46**
- NO, I do not want my pet’s nails trimmed.

**Proheart (Canines only)**

Proheart is an injection that protects your pet from heartworm disease. Available in a 6 or 12 month injection, it will alleviate the need to remember a monthly pill.  
 Pets *less than a year old*, we give Proheart 6.  
 Pets *one year and older* we give Proheart 12.

	<b>Proheart 6</b>	Check one	<b>Proheart 12</b>	Check one
5-25 Pounds	\$64		\$128	
26-50 Pounds	\$75		\$150	
51-100 Pounds	\$104		\$208	
101-124 Pounds	\$144		\$288	
125-150 Pounds	\$162		\$323	
151-200 Pounds	\$168		\$336	

- Yes, please give today
- Already on
- No I do not want Proheart today

**Emergency Contact Information**

It is very important that we have a number to reach you in case of any additional procedures are needed / recommended by the doctor or if an emergency while your pet is under anesthesia.  
**EMERGENCY PHONE:** \_\_\_\_\_

**\*\*\*\*\*Please read carefully\*\*\*\*\***

If the hospital or staff calls and cannot reach me by phone, I consent to the following:  
 \_\_\_\_\_ **Do whatever** is necessary at this time to avoid a second anesthetic procedure. If for some reason we cannot reach you to obtain full consent for any extra procedures, you consent to pay up to\$ \_\_\_\_\_ amount **over** the initial estimate. Any procedures over this amount will NOT be performed unless we can reach you.  
 \_\_\_\_\_ **Do NOT** perform any procedure that has not been discussed previously. If any extra procedures are deemed necessary by the Doctor, we will attempt to reach you on your emergency number. We will wake your pet up 10 minutes after our attempted contact and any additional procedures will be postponed.

***Authorization to perform surgery / or treatment***

I authorize the veterinarians and staff of Advanced Pet Care of Clear Lake to perform the procedure is described above. I understand that unforeseen complications may arise during the anesthetic period, including loss of life. I acknowledge and understand that no guarantee or warranty can ethically be made regarding results or outcome of this case. In the event of an emergency, I authorize the clinic staff to perform any procedures they feel are necessary for the well being of my pet until communication is established with me. I understand that I assume financial responsibility for all services rendered.

Signature \_\_\_\_\_