

East Padden Animal Hospital

Feline Neuter Anesthesia/Surgery Consent

Owner's Name: _____ Pet's Name: _____

I, the undersigned, certify that I am the owner/agent of the animal described above. I give East Padden Animal Hospital permission to perform anesthesia and the following procedures:

While there are risks associated with general anesthesia, be assured that East Padden Animal Hospital will take every precaution to minimize risk by always performing the following:

- ✓ Physical exam prior to anesthesia
- ✓ Basic Blood work (PCV/TP) prior to anesthesia
- ✓ Multi-parameter monitoring (blood pressure, EKG, CO2, heart/respiratory/temp)
- ✓ Preoperative and postoperative pain control injections
- ✓ Endotracheal intubation and oxygen therapy
- ✓ Injectable and inhalant (Isoflurane or Sevoflurane gas) anesthetics based on your pet's age and specific medical needs.

I understand the following additional procedures are optional, but highly recommended:

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Upgraded Preoperative bloodwork (required on animals >5 yrs old) <ul style="list-style-type: none">• Same Day Mini-Panel (\$60)• Comprehensive Panel (\$50-\$112.50)* <p style="margin-left: 20px;">* Recommended on all pets over 5 years of age</p> <p style="margin-left: 20px;">* Sample must be obtained >24 hours prior to surgery</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | Intravenous (IV) catheter and fluid therapy (\$65) |
| <input type="checkbox"/> | <input type="checkbox"/> | Oral pain medications to go home (\$20-40) |
| <input type="checkbox"/> | <input type="checkbox"/> | Microchip Placement and Lifetime Registration (\$60) |
| <input type="checkbox"/> | <input type="checkbox"/> | Frontline or Advantage application (\$13-17) |
| <input type="checkbox"/> | <input type="checkbox"/> | Fecal exam (\$29) |
| <input type="checkbox"/> | <input type="checkbox"/> | FeLV/FIV test for cats (\$48) |

It is important that we have a phone number where you can be reached if consultation is necessary while your pet is under anesthesia. **Phone number:** _____

If you can't be reached, do you want the veterinarian to proceed at his/her own discretion? **Y N**

I hereby authorize East Padden Animal Hospital to perform such diagnostic, therapeutic and surgical procedures as described above. The nature of such services has been described to me to my satisfaction. I realize that there are risks involved with any anesthetic or surgical procedure and that no guarantee or warranty can be made regarding the results or cure. I also authorize the hospital staff, in an emergency situation, to follow through with such procedures as are necessary for the well being of my pet on a continuing basis until further communication with me. I have been given an estimate and understand that it is an approximation of planned procedures and the final bill may be more or less than this amount. I understand that I assume financial responsibility for all services rendered.

Owner signature: _____ Date: _____

Staff signature: _____