

East Padden Animal Hospital

General Anesthesia/Surgery Consent

Owner's Name: <first-name> <last-name> Pet's Name: <Animal>

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
- ✓ Multi-parameter monitoring (blood pressure, EKG, CO2, heart/respiratory/temp)
- ✓ Intravenous (IV) catheter and fluid therapy
- ✓ 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"/> | Bloodwork Upgrade, In House (\$25 additional) |
| <input type="checkbox"/> | <input type="checkbox"/> | Microchip Placement with Lifetime Registration (\$60) |
| <input type="checkbox"/> | <input type="checkbox"/> | Flea Preventative (\$13-17) and/or Capstar given if any evidence of fleas (\$5) |
| <input type="checkbox"/> | <input type="checkbox"/> | Fecal Parasite Exam (\$29) |
| <input type="checkbox"/> | <input type="checkbox"/> | Heartworm test for dogs (\$35); FeLV/FIV test for cats (\$54) |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your pet have any history of seizures? |

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: <date>

Staff signature: _____