

Consent before Anesthesia & Surgery

We have _____ scheduled for: _____ on _____ 20 _____. Please arrive at the hospital at _____ am for admission to hospital prior to surgery/anesthesia.

OWNER PLEASE READ ALL INFORMATION BELOW:

Please schedule to be able to spend 10-20 mins handling paperwork & discussing care before leaving your pet. The anesthesia & procedures will be done in the morning, & a nurse will call you with updates between noon & 2pm to confirm your pets' release time. Releases typically occur between 4:30- 6pm, but since pets respond differently to anesthesia, some are ready to go home earlier & some later.

Like you, our greatest concern is your pet's safety & well-being during anesthesia. If acceptable lab tests have not been completed, we strongly recommend these before your pet has anesthesia. **Please initial the desired profile below OR sign the statement below to decline this service.**

_____ Profile #1 – recommended for all pets 2 years old & under in good health. \$116.62. (Chem8+ cartridge and ECG)

_____ Profile #2 – recommended for pets age 2-7 years or with questionable health. \$144.65 (Comprehensive Dx Profile, CBC, & ECG)

_____ Profile #3 – recommended for all pets over 7 or with illness/conditions requiring thyroid check. \$245.60. (Comprehensive Dx Profile, CBC, T4/Chol, urinalysis strip and specific gravity, & ECG)

I have read the brochure explaining pre-anesthesia blood testing & have had the opportunity to ask questions to the staff members and/or doctors at Hurricane Animal Hospital. **I have chosen to decline the recommended pre-anesthesia bloodwork at this time & request that you proceed with anesthesia.**

Signature _____

Please initial or check to accept or decline for the following commonly performed services:

ACCEPT **DECLINE**

- | | | |
|-------|---|---|
| _____ | _____ | Please provide me with flea prevention/heartworm prevention. |
| _____ | _____ | Please biopsy the growths being removed during surgery. (\$134.99 for one biopsy, \$147 for two.....) |
| _____ | _____ | Please trim my pet's nails (\$13.31) |
| _____ | _____ | Please clean my pet's ears (\$13.55) |
| _____ | _____ | Please express my pet's anal glands (\$15.75) |
| _____ | _____ | Please microchip my pet while under anesthesia. (\$55.72) |
| _____ | _____ | Please provide the following vaccines for my pet: |
| Dogs: | _____ Rabies (\$16.35) _____ DHLPPC (\$21.36) _____ Bordetella (\$16.61) _____ Lyme (\$25.06) | |
| Cats: | _____ Rabies (\$16.35) _____ FVRCP (\$21.36) _____ Feline Leukemia (\$21.22) _____ FIV (\$20.18) | |
| _____ | _____ | Other Services Needed: _____ |

ALL PETS WILL RECEIVE AN INJECTION FOR PAIN CONTROL IN THE HOSPITAL & MEDICATION TO PROVIDE RELIEF FOR 3 DAYS AFTER SURGERY.

I am the owner/agent for the described animal and I authorize & request the services listed on this form and/or outlined on the estimate provided for my pet's care. I understand, and accept that when anesthesia is involved, there are always inherent risks, including death. I have indicated any additional services I would like performed. I understand that pain medication will be provided to keep my pet comfortable after the procedure. **I can be reached at _____ if needed for questions during the surgery.** Further, I understand that if I am unreachable at the time, Hurricane Animal Hospital will determine what is medically in the best interest of my pet and proceed in that manner. I understand I will be financially responsible for these services.

Owner's Signature: _____ Date: _____