

Consent before Anesthesia & Surgery (Updated 4/11/2022)

We have _____ (pet's name) scheduled for _____ (procedure) on _____ 20____. Please arrive at the hospital at _____ AM for admission to hospital prior to surgery/anesthesia.

Owner's/Client's Name: _____

Pet's ID: _____ DOB: _____

Species: _____ Breed: _____ Sex: _____ Color: _____

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. These blood tests help us recognize underlying abnormalities your pet may have before we administer anesthesia. If unforeseen problems become apparent on the bloodwork, surgery may not be performed or may need to be delayed to consider appropriate treatment protocols. **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. (ALKP, Crea, Tbil, Electrolytes, PCV, TP and ECG)

_____ Profile #2 – recommended for pets age 2-7 years or with questionable health. (ALKP, ALT, AST, BUN, Crea, BUN/Crea Ratio, CBC, & ECG)

_____ Profile #3 – recommended for all pets over 7 or with illness/conditions requiring thyroid check. (Comprehensive 10 panel chemistry, CBC, T4, SDMA, Electrolytes, 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 _____

Has your pet had any previous anesthesia complications? If so, please discuss these with your surgery nurse when they call to confirm your admission and scheduled procedure! _____

Intravenous Catheter: All patients undergoing general anesthesia will have an intravenous catheter (IV catheter) placed and will often receive IV fluids during surgical and dental procedures. This helps to minimize the risks of general anesthesia and to provide us direct IV access in the case of an emergency.

I understand that placement of an IV catheter is needed for general anesthesia procedures. I understand my pet will have his/her hair shaved to place this IV catheter. I do hereby allow Hurricane Animal Hospital to place an IV catheter and to provide IV fluids as needed during anesthesia procedures and to administer medications as needed. **Owner's Initials:** _____

For Intact Female Patients: If your pet is found to be pregnant would you like the spay procedure (or other medical procedures) to be continued? **(Yes/No)** There may be developmental risks to the fetuses as well as risk to the viability of the pregnancy.

Owner's initials _____

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

ACCEPT **DECLINE**

- _____ _____ Please provide me with flea prevention/heartworm prevention for _____ months.
- _____ _____ Please biopsy the growth(s) being removed during surgery.
- _____ _____ Please trim my pet's nails
- _____ _____ Please clean my pet's ears
- _____ _____ Please express my pet's anal glands
- _____ _____ IF pet is being spayed/neutered; please provide stem cell-rich reproductive tissue to Gallant for banking.
- _____ _____ Please microchip my pet while under anesthesia. Microchips provide permanent identification and help assist in your pet's safe return in the event he/she is lost. Hurricane Animal Hospital uses HomeAgain Tempscan microchips. This small (rice size) chip also provides your pet's body temperature and allows us to avoid taking rectal temperatures.
- _____ _____ Please provide therapeutic laser therapy immediately following my pet's surgery to reduce inflammation, help control pain, and facilitate healing.
- _____ _____ Please provide the following vaccines for my pet:
- Dogs: _____ Rabies _____ DHLPPC _____ Bordetella _____ Lyme _____ Canine Influenza
- Cats: _____ Rabies _____ FVRCP _____ Feline Leukemia
- _____ _____ Other Services Needed: _____

 X 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 above-described animal and have the authority to execute this consent. I authorize & request the services listed on this form and/or outlined on the estimate provided for my pet's care by Hurricane Animal Hospital. I understand, and accept that when anesthesia is involved, there are always inherent risks, including death. I have been encouraged to discuss any concerns I have. I understand that during the performance of the procedures, unseen conditions may be revealed that necessitate an extension of procedures or the operation that we have discussed. Therefore, I hereby consent to and authorize the performance of such procedures as are necessary and desirable in the exercise of the veterinarian's professional judgement. I understand that pain medication will be provided to keep my pet comfortable during and 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.

CPR: I am aware that Hurricane Animal Hospital will perform CPR and lifesaving attempts in the event my pet would experience a life-threatening complication such as respiratory or cardiac arrest UNLESS I request a Do Not Resuscitate status. I am aware even the most successful CPR treatments may not restore him/her to good mental and physical health. I also accept that if the hospital team is unable to reach me within 20 minutes of the initiation of CPR, and after administering reasonable treatment and there appears to be virtually no hope for medical success, CPR will be withdrawn. _____ **Owner's initials for Consent for CPR**
OR _____ **Request for DNR status.**

Owner's Signature: _____ **Date:** _____