

Surgery Consent Form

GENERAL ANESTHESIA, RISK AND PAIN:

Your pet will be undergoing general anesthesia today. Most pet's tolerate anesthesia well, however no anesthetic can be considered risk free. Our greatest concern is your pet's safety and well being. The anesthetic protocols and special equipment we use are designed to minimize any risks; however, risks can be further reduced by performing pre-anesthetic blood screening. This screening can help us recognize underlying abnormalities your pet may have and consists of a complete blood count (CBC), which will check blood cells, and a chemistry panel which will assess organ function.

These blood tests will help us to assess the health status of your pet more completely and determine if there are any additional precautions we need to take before surgery. A pre-anesthetic blood profile is included in your pet's dental or surgical treatment plan when they are over 7 years old (unless otherwise specified). We highly recommend a blood profile for all animals. There are **additional charges** for these blood tests.

PRE-ANESTHETIC SCREENING WAIVER:		
I consent to have a blood panel run prior to anesthesia today.		
(Pet's <7 years - \$225.66 Pet's >7 years - \$294.11)	ACCEPT	DECLINE
**included in your pet's treatment plan in dogs >7 years and cats >10 years unless otherwise		
discussed with your Veterinarian		

I understand and assume all responsibility for additional risks/complications resulting from refusal to approve this blood screening for my pet's safety.

ADDITIONAL SERVICES:		
I. I consent to have heartworm testing run today (*Additional charge)	YES	NO 🗌
2. I consent to have FIV/Feline Leukemia testing run today *CATS ONLY* (*Additional charge)	YES	NO 🗌
3. I consent to have a tattoo placed in my pets ear under anesthesia today (\$35.68 + GST - FREE with microchip implantation)	YES	NO 🗌
4. I consent to have a microchip inserted today (\$37.89 + GST - special price with surgery)	YES	NO 🗌
5. I consent to have my pet's vaccinations updated today (\$40.04 + GST each vaccine) **Please discuss options with your veterinary care team	YES	NO 🗌
6. I consent to have parasite prevention prescribed for my pet today **Please discuss options with your veterinary care team.	YES	NO 🗌

IN THE EVENT OF AN EMERGENCY:
During anesthesia or sedation life threatening complications such as respiratory and/or cardiac arrest may occur, requiring medical treatment and/or CPR. In the unlikely event that your pet will require resuscitative measures, please read the following and choose ONE of the options for cardiopulmonary resuscitation (CPR).
□ perform CPR□ DNR (do not resuscitate)
TREATMENT PLAN:
If additional time or procedures are required, please advise us of what course of action you wish us to take. Please choose
ONE of the following options:
Proceed with necessary work and I will be responsible for any additional charges up to \$250
as required Please call me first. If you are unable to reach me, proceed with necessary care; I will be responsible for any
additional charges
Please call me first. If you are unable to reach me, do not perform any services above the provided treatment plan. I will assume responsibility for my decision
DEPOSIT POLICY:
It is the policy of our hospital to collect a minimum of a 50% deposit upon admittance for all procedures.
PAYMENT POLICY:
We accept cash, debit card, VISA, MasterCard, American Express for payment of services. Payment in full is required before
your pet is discharged from the hospital.
SOCIAL MEDIA RELEASE:
Dog & Cat Hospital occasionally features patients on our Facebook page, Instagram and other social media sites. With your permission we may share your pet's picture, video or story. We may mention your pet by name but will never share your name or any personal information. Please choose one of the following options for social media permissions:
Yes, Dog & Cat Hospital may mention my pet on social media channels. No, please do not share my pet's picture, video or story.
No, please do not share my pet's picture, video of story.
AUTHORIZED CONSENT:
I authorize anesthesia for my pet. The nature and risks of this procedure have been explained to me. I understand that some risks always exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure(s) is/are initiated. My signature on this form indicates that any questions I have regarding the procedure(s) have been answered to my satisfaction.
I hereby certify that I am the owner of or are responsible for the above-named animal and have the authority to execute this consent.
Signature: Date: (signature of legal owner or responsible person)
(signature of legal owner or responsible person)
Preferred method of contact: Phone number on file
☐ Text ☐ Call
Alternate phone number: Other contact:
(Name & Number):