

Orchard Hills Animal Hospital

General 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 Orchard Hills Animal Hospital permission to perform anesthesia and the following procedures:

While there are risks associated with general anesthesia, be assured that Orchard Hills 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

- Pre-operative Bloodwork (recommended on all pets, required on animals >5 yrs old)
 - Same Day In-Hospital Panel (\$70-\$122) if bloodwork has not been performed at outside laboratory.
- Oral pain medications to go home (\$30)
- Microchip (\$60)
- Frontline or Revolution application (\$14.75-17)
- Fecal exam – Recommended annually (\$31)
- Heartworm test for dogs (\$36); 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**

Does <animal> have any history of **SEIZURES**? **Y N**

I hereby authorize Orchard Hills 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: _____