



## Anesthesia/Surgery Consent Form

Client ID:  
Client Name:  
Address:

Patient ID:  
Name:  
Species:  
Sex:  
Breed:

Telephone:

Number where you can be reached today: \_\_\_\_\_

Are you currently using a monthly flea preventative?  Yes  No What type? \_\_\_\_\_

Date of last Application: \_\_\_\_\_

Surgical Procedure: \_\_\_\_\_

Any anesthetic carries a risk that may result in serious complications or possibly death. The more information we have the smaller this risk will be. To minimize these risks, we require a preoperative blood screening and intravenous fluid therapy for all surgery patients. The blood screening checks organ function of each patient, the ability of blood to carry oxygen and the ability to fight infection. A more extensive blood screening is required in patients over seven years of age. Additionally, placement of an intravenous catheter will allow delivery of intravenous fluid therapy to assist in the maintenance of blood pressure and allow rapid access for IV drug administration in the event an emergency situation develops.

\_\_\_\_\_ **Initials**

The following services are offered at an additional cost:

<u>Procedure</u>	<u>Reason</u>	<u>Accept</u>	<u>Decline</u>
Electrocardiogram	Screening to detect heart arrhythmias <b>Required for high risk patients</b>	<input type="checkbox"/>	<input type="checkbox"/>
Coagulation	Identifies bleeding problems <b>Required for certain procedures</b>	<input type="checkbox"/>	<input type="checkbox"/>
Home Again Microchip	Permanent form of pet identification	<input type="checkbox"/>	<input type="checkbox"/>

**Please read carefully:** I, the undersigned, hereby confirm that I am the legal owner/agent of the animal described above and I am authorizing the surgical/treatment procedure(s) listed above to be performed on my pet. I consent to the administration of such analgesics, sedatives, tranquilizers, anesthetics or other medications as may be deemed necessary by the attending veterinarian(s).

I acknowledge that no assurance or guarantee has been made for the results of treatments, procedures or surgery. I am aware that every surgical procedure, treatment and anesthesia even when performed on a healthy animal, carries a certain amount of risk and possibility of complication. I understand the staff of Colony Animal Hospital will make every reasonable attempt to safely and proficiently care for my pet. I am fully prepared to accept the risk to my pet from the procedure that I am directing the doctors of Colony Animal Hospital to perform. Colony Animal Hospital or its staff will not be held responsible in any manner or for any circumstance resulting from the care, treatment, or safe keeping of the animal described above or otherwise connected with.

I also understand that conditions not known may make it advisable that additional treatment, procedures or surgery be performed on my pet. I understand that every reasonable effort will be made to contact me. Until I can be contacted, I hereby authorize the staff of Colony Animal Hospital to perform any reasonable treatment, procedure or care as deemed necessary by the attending veterinarian(s).

I acknowledge that I will bear full financial responsibility for any and all costs incurred for the surgical procedure, care and treatment of my pet and I am aware that all outstanding accounts are payable in full when services are rendered. I have read and understand the above statement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### FOR STAFF ONLY:

Check In Time: \_\_\_\_\_ Initials: \_\_\_\_\_  
Fasted:  Yes  No  
Flea Treatment:  Yes  No

Weight: \_\_\_\_\_ Initials: \_\_\_\_\_  
Carrier:  No  Yes Description: \_\_\_\_\_  
Leash:  No  Yes Description: \_\_\_\_\_

Notes: