

## Authorization and Consent for Anesthesia/Surgery

What is your pet here for today? \_\_\_\_\_

What is the best phone number for us to reach you at today? \_\_\_\_\_

Would you like us to text you a photo of your pet post procedure? Yes  No  Cell number:

Can we use your pet's photo on our Facebook/Social Media Campaign? Yes  No

If we do not already have your email address, you can provide us with one for reminders about your pet.  
Email address:

**Are there any other procedures you would like done while your pet is here today?**

Yes  If so, what? :

No

Would you like a complimentary nail trim? Yes  No

Is your pet acting normal? Yes  No  Why not?:

**When did your pet last eat?** \_\_\_\_\_

**Has your pet been medicated today?**

Yes  If yes, what/when?:

No

**Would you like a phone call with an estimate before the anticipated procedure?** Yes  No

I already received an estimate for today's procedure and the amount was:

**\*\*CLIENT COMMENTS FOR THE DR:**

### Blood work Consent

We recommend that pets undergoing anesthesia have basic blood work done prior to the procedure.

1. In apparently healthy, young pets (under 7 years), we suggest a basic blood panel to check for anemia, diabetes, total red cell volume, electrolytes and kidney function. The cost is \$90.

2. In dog and cats seven and older, giant dogs over five years of age, and pets with medical/surgical problems, we recommend a more comprehensive preanesthetic blood panel to assess red and white cell count, platelet count, liver and kidney functions, electrolytes, and blood sugar. The cost is \$184.

Yes, I would like to do these tests on my pet before anesthesia.

No, I decline the recommended blood work.

Blood work has already been done

### **Anesthesia Support (IV Catheter)**

We recommend that all pets that will be anesthetized have an intravenous catheter and receive intravenous fluids during the anesthesia, dental/surgical procedure and recovery from anesthesia. Having a catheter placed in a vein before the induction of anesthesia allows us to treat any unforeseen complications that may arise during the procedure ie, hypotension (low blood pressure), cardiac arrhythmias (irregular heart rate), unusual amount of pain, etc. The administration of fluids during the anesthesia/procedure hastens the recovery process and helps maintain normal blood pressure. The cost is \$56 (catheter) and \$60 (fluids).

**Note: The IV catheter and fluids are required for all pets undergoing general anesthesia. We will need to shave an area on the leg for a catheter placement.**

Yes, I understand that an IV catheter and fluids will be administered on my pet.

**Do you understand the risks of anesthesia? Yes  No**

### **Microchip**

Would you like to have a microchip inserted under the skin, between the shoulders, for permanent identification? The cost is \$75 for the microchip and registration. If your pet is lost, your pet could be identified with the microchip and easily returned to you.

Yes  No

### **Post Surgical Laser Treatment**

Post surgical laser treatment is a new service at Arguello Pet Hospital. After the incision is closed, a laser (high frequency light) therapy unit is used to treat the incision. It has been shown to reduce post-surgical inflammation, hasten healing and reduce incisional pain. The cost is \$22.

Yes  No

I am the owner, responsible agent for, or authorized agent of this pet. I understand the nature of the procedure(s), that there are risks involved with anesthesia, surgery/procedure and or dental prophylaxis. I understand that sedation and/or general anesthesia may be necessary to perform the scheduled procedures and to insure safety of pets and employees. I authorized the veterinarians and the staff of Arguello Pet Hospital to perform all procedures as set forth above, including anesthesia, surgery, dental, medical services, treatments, laboratory tests, x-ray and medications. Further, in case of an emergency, I consent to any procedure deemed necessary and desirable in the attending veterinarian's professional judgement in order to address the unforeseen emergency. I understand that an attendant is not on the hospital premises 24 hours per day.

I agree to pay in full for all services performed, including those deemed necessary for medical or surgical complications and/or unforeseen circumstances.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_