

Surgery & Anesthesia Consent Form

Date:					
Owner/Agent Name:			I	Pet's Name:	
As owner/agent of the panesthesia:	pet described a	ibove, I hereby g	give my conser	nt to the Vet Clinic to perf	form the following under general
Procedure(s):					
General Information R	egarding Anes	thesia:			
				edicine. Isoflurane is primarily iated with anesthesia and allow	eliminated through the respiratory s for a quicker recovery.
Monitoring - Your pet is cland oxygen levels are continued in the continued oxygen levels are continued in the continued oxygen.					e, heart rate and rhythm, respirations,
	a. The intravenor	us catheter is also us	sed to administer	medications if needed. (additi-	intains blood pressure, and increases onal fee) YES NO
provide a baseline for moni	toring your pet d	uring surgery and c	an indicate chemi	idden problems before your pe ical imbalances that could affec (additional fee)YES	
Pain management - Your pmedications for all non-elective were recommend pain medications.	tive procedures	as our doctors deem	necessary.		ing process. We will prescribe pain
While your pet is under our cleaning to your pet during		ider having these te	ests or procedures	performed. We provide compl	imentary nail trimming and minor ear
Vaccinations	Fecal	Exam	Intestinal	Parasite Treatment	Histopathology
Microchip Application	ı/Registration	Heartworm	Test for dogs	FeLV/FIV Test for ca	ts Dental Cleaning
Authorization and Risk	Assessment:				
necessitate an extension treatment or surgical prothe Vet Clinic provides the	or variance in to cedure(s) deem he highest qual pital team will	he procedure(s) do led necessary for a ity of anesthesia ra do everything pos	efined above. I medical or surgi monitoring and a ssible to reduce	authorize the Vet Clinic to p ical complications or any un surgical services, I understan	n conditions may be revealed that perform any additional diagnostic, foreseen circumstances. While nd the risks and understand that e Vet Clinic, the veterinarians or
In addition, if any exten	nal parasites :	are observed on y	your pet, he/sh	e will receive treatment at	my (the owner's) expense.
By signing this documen satisfaction and I agree to			ocument, unders	tand it, and have had all of t	my questions answered to my
My signature below auth	orizes the veter	rinarians at the Ve	et Clinic to perf	orm said procedure(s)/treatn	nent(s) described above.
Owner/Agent's Signature	e:				Date:
		Phone Numl	her Where I can	he reached:	

Revised 6/7/19