

Surgery/Procedure Consent Form

Date: _____

Client's Name: _____

Pet's Name: _____

Phone Number(s): _____

Procedure: _____

Has your pet had surgery before? ___ Yes ___ No

If yes, please list any complications?

When did your pet last eat? _____

Any medications, supplements, OTC products, homeopathic remedies given in the last 24 hours? If yes, please list: _____

Any allergies? ___ Yes ___ No If yes, please explain:

Please indicate if your pet has any of the following:

___ Heart condition

___ Pregnant

___ Bleeding disorder

___ Seizures

___ Allergies

___ Respiratory condition

___ Diabetes

___ Other: _____

___ Reaction to medication - If yes, which medication(s) _____

Dog:

Tested for heartworm disease within last year? ___ Yes ___ No

Tested for intestinal parasites within the last year? ___ Yes ___ No

Current on heartworm prevention? ___ Yes ___ No

Current on vaccines (da2pp, rabies, bordetella)? ___ Yes ___ No

Cat:

Tested for feline leukemia & FIV within last year? ___Yes ___No

Current on vaccines (fvrcp, rabies)? ___Yes ___No

Pre-anesthetic Blood Testing:

In an effort to reduce anesthetic/surgical risk, we strongly recommend pre-anesthetic blood work prior to your pet’s procedure. **This blood work is recommended for all pets but may be REQUIRED on certain patients, and all patients over 7 years of age.** There is an additional fee for pre-anesthetic blood work. Do you want your pet to have blood work done prior to the procedure?

___ Yes, I want pre-anesthetic blood work on my pet

___ No, I decline pre-anesthetic blood work on my pet, against medical advice.

Catheter/Fluids:

Prior to anesthesia, an IV catheter will be placed in your pet’s leg to serve as an access port in the event life-saving drugs are needed. IV fluids given to your pet before, during, and after the surgical procedure helps to maintain blood pressure and assists to quicken recovery. This is required for all surgical procedures unless otherwise indicated by the veterinarian.

Authorization to proceed:

- I authorize the use of the appropriate anesthetics/medications. I understand that even with every conceivable precaution taken, any time an animal is anesthetized there is a risk that an adverse reaction may occur, potentially resulting in death.
- I understand that during the above listed procedure/surgery, that an unforeseen/unknown medical condition may become evident that necessitates an extension of or an addition to this procedure. Your pet may require reversal agents to reverse the effects of anesthetics. I authorize the performance of such procedures as are perceived necessary in the professional judgment of the veterinarian.
- I understand the results of any procedure/sedation cannot be guaranteed.
- I am aware of the risks and understand the information presented in this consent form.

I give authorization to proceed with this procedure/surgery and to perform any and all life-saving procedures should the need arise:

___ Yes ___ No (do not resuscitate, DNR)

___ I have received and signed an estimate

___ I have not received nor signed an estimate

Signature: _____ Date: _____

Witness: _____