

Animal House Veterinary Hospital

Dr. Sherry Torregrossa

Anesthesia & Surgical Consent Form

OWNER/AGENT:

PATIENT:

PROCEDURE:

General anesthesia has become safer in recent years with the advent of newer drugs and better patient monitoring. Some conditions may not, however be evident on physical examinations. To better ensure your pets safety under anesthesia, we advise that the following precautions be taken, even for elective procedures.

IV CATHETER AND FLUIDS: Intravenous fluids given during anesthesia and/or surgery help to maintain blood pressure and allow rapid administration of drugs should an emergency situation develop. If your pet is 8 years old or over, an iv catheter and fluids are mandatory and included in the estimate. If your pet is less than 8 years old and you choose to accept there is an additional charge of **\$30.00.** **accept _____ or decline _____.**

PRE-ANESTHESIA BLOOD TESTING: We recommend pre-anesthetic blood work prior to all anesthetic procedures. A physical examination alone cannot detect all underlying medical problems that may complicate an anesthetic event. Blood work allows us greater information regarding your pet's major organ systems such as the liver, kidney, red and white blood cell counts as well as an electrolyte balance. A comprehensive blood panel is mandatory on all pets 8 years old or over and is included in the estimate. The blood panel is still recommended for all other patients and the cost when included with a procedure is **\$85.00.** **accept _____ or decline _____.**

MICROCHIPPING: We recommend that all patients have a microchip implanted for permanent identification if they are lost or stolen. The cost is **\$49.99.** If your pet is not already microchipped, would you like us to implant on today during their procedure? **accept _____ or decline _____.**

AUTHORIZATION TO PERFORM ANESTHESIA AND SURGICAL PROCEDURE/TREATMENT:

I HEREBY AUTHORIZE Animal Hospital Veterinary Hospital to perform such diagnostic, therapeutic anesthetic and surgical procedures as described above. The nature of such services has been described to me and to my satisfaction and I realize that no guarantee or warranty can ethically be made regarding the results or cure. I 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 understand that I will assume financial responsibility for all services rendered.

Signature of owner or agent:

Emergency Number Where You Can Be Reached:
