

Anesthesia and Surgery Consent

Your pet has been scheduled to undergo a procedure or surgery that will require anesthesia. Each pet is given a physical examination before the anesthesia is administered. However, it is often advisable to run a basic pre-anesthetic blood profile to check for organ function problems that are not apparent on physical exam. This further insures that your pet is in a low risk category for any possible anesthesia problems.

Dentistry patients may require tooth extractions and these will be performed as necessary.

I authorize pre-anesthetic testing prior to anesthesia. **YES** **NO**

Pain control medication and intravenous fluids will be administered as recommended by the veterinarian.

Consent

I AUTHORIZE NORTH ELM ANIMAL HOSPITAL, PLLC TO PERFORM THE FOLLOWING PROCEDURES ON MY PET:

Pet's Name: _____ Owner Name: _____

Procedure to be performed: _____

Additional procedures: _____

I assume full financial responsibility for this pet. I understand that there is potential risk associated with anesthesia and surgery. North Elm Animal Hospital is to use all reasonable precautions against injury, escape, or death of my pet. I understand that no guarantee or assurance has been made as to the results obtained.

Are your pet's vaccines up to date? **Yes** **No**
Did your pet receive any medications in the past 24 hours? **Yes** **No**
If Yes, then what medications? _____
Is your pet on heartworm prevention? **Yes** **No**
Would you like your pet to have a microchip? (\$55.00) **Yes** **No**
Did your pet eat anything this morning? **Yes** **No**
Has your pet had any illnesses or problems in the past 10 days? _____

Signature _____

Date _____

I can be reached at the following number: _____

I can receive a text message at the following number _____