



# Cypress Falls Animal Hospital

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## Consent for Anesthesia/Surgical Procedures

Owner's Name: \_\_\_\_\_ Patient's Name: \_\_\_\_\_

Daytime phone number: \_\_\_\_\_

I am the owner, or agent for the owner, of the patient listed above and have the authority to execute consent. I hereby give my consent and authorization for the following procedure(s) to be performed:

Elective procedures Females: Additional estrus or pregnancy fee

Males: Additional retained testicle fee

Has your pet eaten in the past 8 hours? Yes / No If Yes, when and how much? \_\_\_\_\_

**Please note:** For the comfort and care of all our patients, any pet that is admitted into our clinic with *fleas &/or ticks* will be treated at the *owner's expense*. All dogs undergoing anesthesia must show proof of a negative heartworm test within one (1) year. **All pets without proof of current vaccines at time of admission will be vaccinated per hospital policy at owner's expense.**

**Vaccine History:** DA2P 1y / 3y \_\_\_\_\_ FVRCP 1y / 3y \_\_\_\_\_ Bord/PI \_\_\_\_\_ RV 1y / 3y \_\_\_\_\_ Initial \_\_\_\_\_

I understand that there is some risk involved with the use of sedatives and general anesthesia, up to and including death. I understand that unexpected circumstances may result from the above procedure(s). If unforeseen conditions should arise, I hereby authorize the veterinarian to expedite the necessary measures to correct these conditions.

Initial \_\_\_\_\_

**Please choose and initial the following options (\*additional cost based on patient size)**

**Bloodwork** - To aid in detection of unforeseen medical conditions, we recommend bloodwork prior to sedation or anesthesia. This may affect the doctor's decisions concerning anesthetic protocol \* accept \_\_\_\_\_ decline \_\_\_\_\_

**Supportive Fluids** - An IV catheter will be placed in your pet, which requires a small area of fur to be shaved on the patient's leg. We strongly recommend supportive fluid therapy through this intravenous catheter in all patients to maintain blood pressure and tissue perfusion throughout general anesthesia. This speeds recovery time and is especially important in senior patients.

\*accept \_\_\_\_\_ decline \_\_\_\_\_

**Pain Management** - Pain medication may be administered by injection at no additional charge at the doctor's discretion. For most procedures, additional pain medication is highly recommended in the form of oral liquid or tablet to provide post-operative pain management and minimize inflammation at the surgery site.

\*accept \_\_\_\_\_ decline \_\_\_\_\_

**Microchip** - If your pet is not already microchipped, we can implant a small microchip for permanent identification while your pet is under anesthesia.

\* accept \_\_\_\_\_ decline \_\_\_\_\_

**Miscellaneous** - Many pets exhibit anxiety during routine hygienic procedures. If you prefer, we can perform the following procedures on your pet while under anesthesia. (Please initial your choices, if any, below)

\*Nail trim \_\_\_\_\_ \* Ear cleaning \_\_\_\_\_ \* Express Anal Glands \_\_\_\_\_

**Dental Options** - Because your pet will already be anesthetized, a dental cleaning and/or fluoride treatment can be done. If your pet's teeth do not need cleaning, we recommend a fluoride treatment to help prevent tooth decay and strengthen tooth enamel.

\_\_\_\_\_ I do not wish to have any dental procedures performed on my pet at this time.

\_\_\_\_\_ Yes, please clean and polish my pet's teeth (\$ varies based on patient weight)

\_\_\_\_\_ I authorize any necessary teeth extractions (including retained baby teeth) (\*\$ varies based on patient need)

\_\_\_\_\_ I authorize a fluoride treatment while my pet is anesthetized (\*small additional fee)

\_\_\_\_\_ I authorize an in-house Oravet sealant (\*small additional fee)

\_\_\_\_\_ I would like an Oravet Home-Care Sealant kit (\*small additional fee)

**I have read the above standard consent form and authorized the veterinarian to perform the indicated procedures. I understand that payment is due in full at the time my pet is discharged from the hospital.**

Signature of owner/agent \_\_\_\_\_ Date \_\_\_\_\_