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## Anesthesia & Surgical Consent Form

Patient Name: \_\_\_\_\_

Patient Species: \_\_\_\_\_

Patient Sex: \_\_\_\_\_

Patient DOB: \_\_\_\_\_

### Client & Patient Information

Anesthetic &/or Surgical procedure(s) to be performed: \_\_\_\_\_

Best contact phone number(s) for today: \_\_\_\_\_

Would you like to receive a phone call with an update after you pet is awake from anesthesia?

Yes, please call with an update  No, do not call with an update

Any belongings left with your pet today? \_\_\_\_\_

What time did you last feed your pet? \_\_\_\_\_ Have they had **ANY** food after 8:00 pm? \_\_\_\_\_

Is your pet currently taking any medications or supplements? \_\_\_\_\_

When were they last given? \_\_\_\_\_

***(If you are unable to give medications and/or supplements the morning of the procedure without food, please bring them with you.)***

Has your pet had any previous reactions to anesthesia?  Yes  No  Unknown/First procedure

Does your pet have any known allergies?  Yes  No  Unknown/First procedure

Is your pet currently showing signs of illness or been ill in the past 1-2 weeks?  Yes  No

### Pre-Anesthetic Laboratory Testing:

A complete physical exam will be performed on your pet prior to the surgical procedure; however, this may not identify all systemic or metabolic problems. For this reason, we strongly recommend your pet have a pre-anesthetic blood panel to evaluate major organ functions prior to anesthesia. Please select one of the options listed below:

- I would like to have the limited pre-anesthetic bloodwork performed this morning (CBC & Chem 10)
- I have brought my pet in within the last 30 days, and had pre-anesthetic bloodwork when my pet was not ill.
- I decline to have the recommended pre-anesthetic bloodwork performed and I understand the associated risks.

### Intravenous Catheter and Fluids:

Intravenous (IV) catheter with fluid therapy has several benefits including a quicker recover from anesthesia, maintaining patient blood pressure, and increasing circulation during anesthesia. The IV catheter is also used for more efficient medication administration when necessary. It's our policy that any patient 7 years or older will have an IV catheter placed and provided fluid therapy during anesthesia. Any patient under 7 years of age will have an IV catheter placed and fluid therapy at the veterinarian's discretion based on physical exam and pre-anesthetic lab work findings. There is an additional cost which is at owner's expense.

I acknowledge the above information

#### Microchip:

- I want my pet to be microchipped today.
- My pet has already been microchipped, and this service is not necessary.
- I decline having a microchip implanted at this time.

#### Vaccination Status & External Parasites:

It's our policy that all admitted pets be current on their vaccinations and free of external parasites. It's owner's responsibility to verify current status of vaccines and external parasite prevention prior to procedure(s). It's the veterinarian's discretion whether the procedure(s) will be performed if requirements are not met. The bordetella vaccine is required for dogs. If a dog has not had this vaccine within the last year, it will be given at the owner's expense. Any animal found to have fleas or ticks will be treated at the owner's expense.

- I acknowledge the above information

#### Professional Dental Cleaning:

- I WILL be available during the dental procedure, and WANT to be called if extractions are necessary.  
***\*If choosing this option, please make sure you are available, because we will be calling while your pet is under anesthesia and we will not be able to perform the extractions without your consent.***

- I WILL/WILL NOT be available during the dental procedure, and GIVE permission for extractions as necessary.

#### In Case of Emergency:

I understand that some risks always exist with anesthesia and/ or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure(s) is/are initiated. **I understand that the attending veterinarian will make every effort to contact me regarding treatment in the case of unforeseen emergencies. If unable to contact me, the staff may or may not have my permission to proceed with life sustaining procedures.**

- Yes; I give my permission**       **No; I do not give my permission**

While I accept that all procedures will be performed to the best of the abilities of the staff at this hospital, I understand that no guarantee or warranty has been made regarding the results that may be achieved. I understand that it may be necessary to provide medical and/or surgical procedures which are not anticipated for the safety or care of my pet. I hereby consent to and authorize the performance of such altered and/or additional procedures as deemed necessary in the veterinarian's professional judgement. I accept responsibility for any result in additional charges. I also assume full responsibility for any additional expenses incurred after the surgical procedure is performed, such as follow up radiographs, re-check physical exams and additional surgery due to post-op complications. These are more likely to occur when there is a failure to comply with the aftercare instructions. I understand that payment is due at the time my pet is released from the hospital.

I understand no staff will be attending to my pet overnight. Pets needing special care may be referred to a 24-hour hospital.

I have read and fully understand the terms and conditions set forth above. I, the undersigned owner or agent of the pet identified above, authorize the staff of Heartland Veterinary Services, LLC to perform the above procedure(s).

Owner Signature: \_\_\_\_\_

Date: \_\_\_\_\_