



Cypress Falls Animal Hospital

Consent for Anesthesia/Surgical Procedures

Owner's Name: _____ Patient's Name: _____

Emergency Contact 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. I understand that the doctors and staff of Cypress Falls Animal Hospital will take every precaution to prevent this pet's exposure to any infectious diseases, but I recognize the risks associated with dropping off this pet in that he/she may be remotely exposed. I am aware that I am responsible for any expenses incurred resulting from illnesses this pet develops during his/her stay at Cypress Falls Animal Hospital. 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 _____ *initials _____

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.

*initials _____

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 - I understand that pain medication might be administered in the form of injection, oral liquid or tablet to provide perioperative or post-operative pain management and minimize inflammation at the surgery site. *initials _____

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 I may request an estimate of procedures before they are performed and payment is due in full at the time my pet is discharged from the hospital.

Signature of owner/agent _____ Date _____