

Date _____

RAINBOW ANIMAL HOSPITAL
Procedure/Anesthesia Consent Form

Client Name _____ Patient Name _____ Day Phone _____

Procedure(s) _____

Please note: If you have been considering a microchip for identification purposes, the opportune time for insertion is during anesthesia. Please indicate if you would like to proceed with a microchip today. [] YES [] NO

Please review the following consent form, and initial each item in the space provided. If you have any questions, please ask the receptionist or the doctor.

- ____ 1. I am the owner or agent for the owner of the above-listed animal. I have the authority to execute this consent and am eighteen years of age or older.
- ____ 2. I consent to and authorize the above listed procedure(s). I have been advised to the nature of the procedure(s) and the risks involved. I realize that results cannot be guaranteed.
- ____ 3. Several board-certified surgeons practice on a limited basis in Las Vegas. I understand that I can opt to have my pet's procedure performed by a board-certified surgeon, based on the surgeon's availability.
- ____ 4. I authorize the use of appropriate anesthetics and other medications. I understand that anesthesia does present a risk to my pet's life and I accept that risk as part of the procedure(s). I also authorize Rainbow Animal Hospital to run pre-surgical blood work to evaluate my pet's internal status. I understand that should the blood test indicate any abnormality, I will be notified and the procedure may need to be postponed.
- ____ 5. I understand that surgical procedures cause an animal to be painful, especially the first few days after surgery. I also realize that pain management is an important part of my pet's recovery. The doctors at Rainbow Animal Hospital are continuously searching for new ways to make our patients most comfortable during and after painful procedures. Our usual anesthetic protocols include pain-modifying drugs. For most procedures, we will also dispense oral pain medication to be given the first few days after surgery to ensure your pet's comfort.
- ____ 6. I understand that during the performance of the above-listed procedure(s) unforeseen conditions may be revealed that necessitate an extension of the above procedure(s) or different procedures than those set forth above. Thereby, I consent to and authorize the performance of such procedures as are necessary and desirable in the exercise of the veterinarian's professional judgement.
- ____ 7. I realize that my pet will not be monitored continuously throughout the night if overnight hospitalization is required. If I wish to have continuous monitoring or if the doctor requires, I will transfer my pet to an emergency hospital for critical care overnight observation by closing time at Rainbow Animal Hospital. I will also be responsible for transportation of my pet to and from the emergency hospital.
- ____ 8. In the event that I do not return for my pet and ten (10) days have expired since a certified letter was sent to my address notifying me to call for my animal, the animal may be disposed of. This action will not, however, release me from all charges incurred, including legal fees (approximately 40% of the total unpaid portion) resulting from non-payment of charges.
- ____ 9. I understand that payment in full is expected at the time of dismissal. Any other credit arrangements must be made in advance.

I have read and do understand this consent and hereby voluntarily execute my consent.

Owner/Agent Signature