ANESTHESIA/SEDATION/SURGERY CONSENT FORM

Owner/Agent_____Date _____

Phone # where you can be reached today (___)_____/ (___) _____

Pet's Name_____Dog/Cat Breed _____

Male/Female Age_____

As owner/agent of the above pet, I authorize Dr._____at Layhill Animal Hospital to perform the following procedure(s) and l or administer the following anesthesia and/or sedation: **Please Initial** _____one of the following

Dental_____Growth Removal_____Neuter_____Other Procedures_____

_____.

Has your pet experienced any medical issues with in the last few days/weeks? If so please let our staff know/ list the problem below: _____

_____

_____.

Layhill Animal Hospital will no longer keep any items left for pets. (Bedding, toys, leashes)

Every patient undergoing an anesthetic procedure is required to have a pre-anesthetic blood profile first.

Please Initial one of the following:

I do_____ do not_____ _authorize the Layhill Animal Hospital to microchip my pet with the AKC Companion Animal Recovery retrieval system for an additional fee of $91.50 during this procedure (additional one time registration fee of 19.95 payable to the AKC).

Due to our surgical patients chewing/licking suture sites we recommend patients go home with an Elizabethan collar. Collars are provided at an additional cost to client. A nail trim at my expense, will be performed if the doctor determines that the nails may cause injury to staff or interfere with medical treatment.

Please Initial one of the following:

I do_____do not_____wish to have a collar for my pet.

I understand that under the course of above procedure and/ or sedation, unforeseen conditions may be found that necessitate additional anesthesia and procedures. If the doctor or staff cannot reach me while my pet is under anesthesia and/or sedation, I authorize the doctor to use his/her best medical judgment to carry out the procedure(s) deemed necessary.

All anesthetized patients will have an intravenous catheter. Administration of IV fluids will be at the discretion of the veterinarian. A nail trim at my expense, will be performed if the doctor determines that the nails may cause injury to staff or interfere with medical treatment.

I understand that if the anesthetic procedure cannot be performed until after regular office hours, there will be an additional fee of $330.00. Please be advised that Layhill Animal Hospital does not provide 24hour nursing care.

PLEASE TURN OVER

I permit the doctor to use the appropriate anesthesia and/or sedation for the purpose of the procedure.

I have been advised of the nature of the procedure(s) and/or sedation and the material risks and alternatives. I realize that the desired results cannot be guaranteed. I have been given an estimate for above-referenced procedure and understand the estimate. My signature indicates that questions have been answered to my satisfaction.

CLIENT'S/ AGENT'S SIGNATURE_____**Date:**_____Please indicate any special instructions or questions here: _____

STAFFWITNESS_____

TEETH CLEANING ADDENDUM

The teeth cleaning estimate includes pre-operative lab work, IV catheter, anesthesia, prophylactic antibiotic injection, scaling, and polishing. Additional procedures, such as tooth extractions, suturing, gingival curettage,etc., and medication such as antibiotics and analgesics, may be necessary but are not included in the estimate.

Please sign below indicating whether or not you would like us to call before performing additional procedures. If you wish for us to call first, please be available by phone at all times.

I understand the conditions set forth above. Please sign one of the following options.

1. I give the Layhill Animal Hospital permission to perform whatever procedures are considered medicallynecessary without contacting me first._____Date _____

2. I would like to be contacted before the Layhill Animal Hospital performs any additional procedures. However, I give the Layhill Animal Hospital permission to perform any procedure that is medically necessaryif I cannot be contacted._____Date _____

3. Do not perform any additional procedures whether or not I can be contacted _____Date_____

Staff Witness_____Date_____