

Pre- Anesthetic Consent Form

Client name: _____ Pet name: _____ Date: _____

1st Contact Number 2nd Number 3rd Number

Please be sure to provide a number that you can be reached at immediately.

I understand that in performing today's procedure my pet will receive sedation or general anesthesia. I understand that anesthetic and surgical procedures may involve the risk of complications, regardless of patient's age or health condition. I understand I am encouraged to discuss any concerns I have about those risks with the doctor or veterinary technician.

 (initial)

Pre- Anesthetic Blood Work

Like you, our greatest concern is the well-being of your pet. Before putting your pet under anesthesia, we will perform a full physical examination. However, many conditions including disorders of the liver, kidney, or blood, are not detected unless blood testing is performed. This is typically completed prior to the day of surgery. If necessary lab work is not completed prior to surgery, I authorize in-house laboratory testing to be completed prior to surgery at the discretion of the doctor.

 (initial)

I.V. Catheter

An intravenous catheter will allow your veterinarian to maintain your pet's normal blood pressure with fluids or to quickly administer emergency medications, if required. **A small section of hair on one of the limbs will be shaved in order to place the I.V. catheter.**

 (initial)

I understand there are risks associated with general anesthesia. If a complication occurs during surgery, **CPR may need to be performed on your pet.** This includes, but not limited to, cardiac compressions, manual ventilation, emergency medications or other interventions. CPR is performed on a patient who has stopped breathing or whose heart has stopped beating. If you choose to elect DNR, that means that if your pet stops breathing or his/her heart stops beating, then no effort will be made to attempt to revive your pet.

Please initial one of the following:

_____ CPR treatment and the costs associated.

_____ DNR "do not resuscitate." This is a decision that CPR is not to be performed.

VCA Kingwood Animal Hospital

2526 Green Oak Dr. * Kingwood, TX 77339 * 281-358-3146

Dr. Bennie Zacek, Dr. Jennifer Rodriguez, Dr. Karen Burlone, Dr. Robin Jones

Dr. Carina Hopper

I am the owner (or representative of the owner) of [redacted]. I understand that current vaccines are required for all pets entering the hospital. If vaccinations are not current, they will be updated at the doctor's discretion. I have been advised on the nature of the procedures. I realize that the results cannot be guaranteed, and I understand that anesthesia carries some element of risk. I also understand that every precaution is practiced to ensure the safety of my pet. [redacted] (initial)

Please answer the following questions:

When was the last time your pet had anything by mouth? _____

Has your pet ever had any known adverse reactions to anesthesia in the past? _____

Is your pet currently on any medication? Please list: _____

When was the last time the medication was administered? _____

Would you like your pet microchipped while under anesthesia? _____

Cost of microchip: \$39.99 / This is covered by care club if your pet is on plan. Please let us know if you still do NOT want us to microchip them.

**** We offer complimentary nail trims for anesthetic procedures. Please let us know if you DO NOT want your pet's nails trimmed.**

I hereby consent and authorize this hospital to anesthetize my pet and perform the above procedures. In the event that I'm unreachable, I also authorize any medically necessary radiographs and/or tooth extractions to be performed during dental procedure***

[redacted] (initial)

[redacted]

Signature of owner/owner's representative

[redacted]

Date