

SURGERY/ANESTHESIA CONSENT FORM

Date _____

Client Name (Last, First) _____ Patient's Name _____

Anesthetic and surgical procedure(s) to be performed: _____

Hospitalization/Surgical Information

Preparation – The skin around the surgical site area will be clipped and scrubbed with an antiseptic. We follow sterile procedures (surgical preparation, surgical packs, and surgical attire).

Anesthesia – Pre-Surgical blood work and physical examination will enable us to assess and minimize the risk of anesthesia for your pet.

CHEM6/CBC: \$62.00 **Accept** **Decline**

*Ideal for pre-operative blood analysis for young, seemingly healthy pets.

CHEM14/CBC: \$110.00 **Accept** **Decline**

*If your pet is **7 years of age or older**, pre-surgical blood work is **required before anesthesia**.

Microchip- \$50.00 includes: implant fee and LIFETIME membership. **Accept** **Decline**

Monitoring- We further minimize anesthetic risk by monitoring heart and rhythm, respiration rate and quality, blood pressure, oxygenation, and depth of anesthesia during the procedure.

Catheterization- For most surgical procedures, an intravenous catheter is placed to provide us with an easy route to administer medications and fluids (which support kidney function and blood pressure) during the procedure.

Pain Management- We proactively manage pain associated with any procedure with appropriate pain management medication. As with any drug, side effects may be associated with their administration.

Do you prefer: oral liquid suspension pill/tablet/capsule (If prescribed)

Authorization and Risk Assessment

I authorize anesthesia/surgery for my pet. The nature and risks of this procedure have been explained to me. I understand that some risks always exist with anesthesia and/or surgery, and I am encouraged to discuss any concerns I have about those risks with my veterinarian before the procedure(s) and initiated. My signature on this consent form indicates that any questions have been answered to my satisfaction.

I authorize SNOWFLAKE PET CENTER and **Dr. Dielo or Bashkin** to perform any additional diagnostics, treatment or surgical procedure(s) deemed necessary for medical or surgical complications or otherwise unforeseen circumstances. This includes removal of diseased teeth as deemed indicated by **Dr. Dielo or Bashkin**. While SNOWFLAKE PET CENTER provides the highest quality of anesthesia monitoring and surgical services, I understand that there are complications associated with any anesthetic or surgical procedures. No warranty or guarantee has been given to me as the results or cure afforded by these treatments or procedures.

I fully understand these risks and understand that the veterinarians and hospital staff will try to minimize such risks. I will not hold SNOWFLAKE PET CENTER, the veterinarians or any staff member liable for any complications that may arise.

I HAVE READ AND FULLY UNDERSTAND THIS SURGERY AND ANESTHESIA CONSENT FORM.

- I give permission to use any photographs taken of my pet, in any and all of its publications, including website entries.
- I have **not given my pet any FOOD after 12:00 PM** on the night before the procedure, unless otherwise advised by my doctor. I understand that this is important for anesthesia safety.

Signature of Pet Owner or Agent

Date

Phone numbers where I may be reached today:

1. () _____ HOME/WORK/CELL Name _____

2. () _____ HOME/WORK/CELL Name _____