



Consent for Surgical/Anesthesia Form

Patient: _____

Date: _____

Anesthesia is necessary for this treatment plan and there are certain risks to anesthesia. To reduce the risks to Anesthesia and help with the recovery process, Animal Care Center does the following steps:

- **State-of-the-art Monitoring** of heart rate/rhythm, oxygen saturation, respiratory rate, blood pressure and temperature.
- **Preoperative Bloodwork** To identify any underlying abnormalities and evaluate organ health to help prevent serious complications (i.e. low blood pressure, decreased kidney function, etc.).
- **Pain Medication** for pets before, during and after procedures as necessary.
- **Post Operative Laser Therapy** to help relieve pain and accelerate healing time.

CPR Directive

While we make anesthesia as safe as possible by using your pet's physical exam, and bloodwork results to develop an anesthesia plan and by using continuous monitoring under anesthesia, sometimes animals under anesthesia can develop arrhythmias or decreases in respiratory rate, heart rate, or blood pressure.

I understand that anesthesia always involves some risk, and I acknowledge that no guarantee has been made to me regarding the results that may be obtained. In the event complications arise, and I cannot be immediately reached, I wish for:

- Any and all life-saving CPR procedures to be performed (\$180)
- I do not wish for any life-saving CPR procedures to be performed on my pet.

Special Notes

All patients under anesthesia will be shaved at the IV catheter site as well as the surgical site.

Current Rabies vaccines are required for the safety of our staff and community unless certain medical issues prevent this. If your pet has never had a Rabies shot we will administer a 1 year Rabies vaccine. If they've had one before and simply need to be brought current we will administer a 3year Rabies vaccine for your convenience.

Refer to your *Estimate* for pricing and procedures concerning your particular case. A deposit will be taken for the lower amount on your estimate at the time of drop off. The remaining balance, if different, can be paid at pick up.

Dental Procedures (Answer this section only if you are here for a dental procedure)

Dental radiographs are one of the most important diagnostic tools available allowing the veterinarian to evaluate the health of the teeth below the gumline. This will add in identifying possible diseases and the need for possible extractions. Once these issues are identified in most cases the problem/s can be addressed during this appointment saving you money in the long run by not having to do multiple appointments where you would end up having to pay for anesthesia, meds, and other parts of the procedure twice. Please let us know your preferences below.

Dental Extractions are NOT part of your estimate due to the fact that the number of extraction can only be determined after a full examination with Radiographs. In the event that extractions or other treatments are medically necessary after an oral examination ACC will call you but if you are unavailable your wishes are:

- For the veterinarian to proceed with treatment regardless of cost.
- For the veterinarian to call me again after 10 minutes and if I am still unreachable to proceed with treatment *up to an additional* \$200 \$400 \$600 above the original estimate.
- For the veterinarian to call me again after 10 minutes and if I am still unreachable, they should wake my animal from anesthesia without performing treatments. I do understand that this means that only the issues in the original estimate will be address if possible and any additional problems/issues discovered during the radiographs *will not* be able to be finished during this appointment. If you want to address these issues you will need to make an additional appointment.

(COMPLETE REVERSE SIDE OF FORM)

Extra Services

For many pets, the following services can be stressful. We would be happy to perform any of these additional services, while they are under anesthesia to help reduce their stress. Please check the services you wish us to perform:

- | | | | |
|---|------|--|--------------|
| <input type="checkbox"/> Anal Gland Expression | \$20 | <input type="checkbox"/> Microchip (Identification) | \$35 |
| <input type="checkbox"/> Nail Trim | \$25 | <input type="checkbox"/> FeLV-FIV (Feline Leukemia Test) | \$39 |
| <input type="checkbox"/> Ear Cleaning | \$26 | <input type="checkbox"/> Heartworm 4dx Test (Canine) | \$45 |
| <input type="checkbox"/> Ear Hair Plucking | \$26 | <input type="checkbox"/> Update annual vaccines (if due) | price varies |
| <input type="checkbox"/> Feline Shave Hair Mats | \$60 | | |

Laser Therapy

Cold laser therapy is not just for surgery and has great success in a wide variety of conditions including open wounds, ear infections, inflammation reduction and for chronic pain such as arthritis.

I would like more information about laser packages to help my pet with _____.

Client Contact Information

It is important that you are available today for us to speak with. If you are worried you will be unavailable to speak with us by phone, please leave an email where we can email you and an alternate name and contact.

Phone number(s) where you may be reached **TODAY:** _____

Alternate contact name and phone number: _____
Name Phone number

I am the owner/agent of the animal named above and certify that I am over 18 years of age. I hereby authorize Animal Care Center, its veterinarians and/or agents to perform such procedures as deemed advisable or necessary for my pet. I authorize the examination of this pet by veterinarians at Animal Care Center and agree that after a consultation with me, the hospital's doctors may prescribe medication, treat, hospitalize, sedate, anesthetize and/or perform surgery on my pet. I understand the risks and benefits of the described procedures and realize that no guarantee can ethically or professionally be made regarding the results or cure. I understand that anesthesia and sedation may be necessary and the risk and benefits have been explained to me to my satisfaction. I have been encouraged to discuss any concerns I have prior to the procedure. I understand that anesthesia can carry particular risk including adverse reactions which may require emergency treatment and may result in unexpected illness and/or death. In the event that my animal should for some reason injure itself, become ill, escape, or die, I will not hold Animal Care Center, its employees, or agents responsible.

I understand that an estimate of fees for all veterinary services can be provided to me and that I am encouraged to discuss all fees before services are rendered and during my pet's ongoing medical treatment. I understand that payment is due at the time of discharge and that in some cases a deposit may be required. I agree to pay for all services rendered and agree to be responsible for all costs of collection, which may include an administrative fee assessed by Animal Care Center to pursue this account, and reasonable attorney's fees plus interest at the rate of 18% annum (1.5% per month) on all amounts due.

In addition, in the event that emergency and/or life-saving care is necessary and hospital staff members are unable to reach me, I authorize Animal Care Center to perform procedures for the benefit of my pet until I (or agent) can be further advised (as designated by myself in the CPR directive). I agree to pay for fees for such care.

After carefully reading the above, I have signed in agreement: _____
Owner or Responsible Party