

## SURGERY & ANESTHESIA CONSENT FORM

Owner Name: \_\_\_\_\_ Primary Contact Phone: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Alternate Contact Phone: \_\_\_\_\_

Procedure(s): \_\_\_\_\_

Current medications: (Please specify the name of the medication and the amount given)

\_\_\_\_\_ Date & Time: \_\_\_\_\_

\_\_\_\_\_ Date & Time: \_\_\_\_\_

\_\_\_\_\_ Date & Time: \_\_\_\_\_

Has your pet had access to food within the past 12 hours? Yes  No

### Pre-Anesthetic Blood Work

Pre-anesthetic blood work is important for an internal exam that can determine white and red blood cell counts, platelet counts, blood sugar, electrolyte levels, kidney and liver values. Help us provide the best level of care for your pet by choosing to perform blood work prior to anesthesia or sedation.

### Please Check One - Blood Work Panels

- Comprehensive Screening Panel
- Pre-Surgical Panel
- Blood Gas Panel
- I decline blood work and sufficiently understand the associated risks

### Additional Services

- There will be an additional charge for animals that are in heat or pregnant and are undergoing a spay/neuter surgery.
- All patients undergoing anesthesia will have an intravenous catheter placed to allow the administration of anesthetic agents and facilitate emergency treatment if necessary (*Note: an area of hair will be clipped on a front limb to accommodate catheter placement*).
- Any medications to be dispensed will be determined by the nurse and doctor at the time of surgery and you will be responsible for any charges.

### Additional Elective Services While Under Anesthesia

- |  |  |
|--|--|
| <input type="checkbox"/> Heartworm 4DX test - <b>\$48</b>      | <input type="checkbox"/> Anal sac expression - <b>\$23</b> |
| <input type="checkbox"/> Microchip placement - <b>\$52</b>     | <input type="checkbox"/> Ear cytology - <b>\$32</b>        |
| <input type="checkbox"/> FeLV & FIV testing - <b>\$45</b>      | <input type="checkbox"/> Ear cleaning - <b>\$25</b>        |
| <input type="checkbox"/> Histopathology - <b>\$145 - \$225</b> | <input type="checkbox"/> Nail trim - <b>No charge</b>      |
| <input type="checkbox"/> Vaccine(s) _____                      | <input type="checkbox"/> Other _____                       |

## Consent/Authorization

I am the owner of the above named pet. I consent to and authorize Riversbend Animal Hospital (RAH) to perform the above procedure(s). \_\_\_\_\_

I understand that I assume financial responsibility for all the services rendered. \_\_\_\_\_

The veterinarian has described the procedures identified in the consent form and has explained to my satisfaction the purpose of performing them and the risks involved with them. I realize that there can be no guarantee as to the outcome of any procedures. \_\_\_\_\_

I understand that unforeseen conditions may be found or arise in performing the above-listed procedure(s)/operation(s) and that extended or (a) different procedure(s)/operation(s) may be required. In that event, I understand the veterinarian will attempt to call me at the **Primary Contact Phone Number** above that I provided and will leave a message with the details of the extended or different procedure(s)/operation(s); if I am unreachable or do not return the call within 10 minutes, I consent to and authorize RAH to perform all procedure(s)/operation(s) with the veterinarian deems necessary in his/her professional judgment. I also understand that my pet will be undergoing general anesthesia and this does not come without risk of anesthetic reactions such as (but not limited to): hives, sudden drop in blood pressure, or death in rare cases.

\_\_\_\_\_

All patients admitted to Riversbend Animal Hospital must have a resuscitation directive regardless of severity of illness. The staff at Riversbend Animal Hospital will make every effort to prevent complications arising from your pet's illness/injury or from procedures carried out in our hospital. However, in some cases, there is risk that your pet may experience respiratory and/or cardiac arrest while hospitalized. If a pet arrests, there is a short and critical window of opportunity to initiate cardio-pulmonary resuscitation (CPR) beyond which the success rate of CPR decreases significantly. By selecting now, we will be able to initiate our efforts without delay. Once we have initiated CPR, we will contact you to make further decisions. Please choose from the following options and check the appropriate box. Should you change your mind at any point during your pet's hospitalization, please notify your pet's doctor so that we may follow your wishes. We will ask you to sign a new form with your revised choice.

- Attempt Resuscitation:** This choice indicates that you authorize all efforts and procedures determined to be appropriate by the veterinarian to try to resuscitate your pet. CPR is more likely to be successful in a previously healthy, young patient and specific recommendations may be made by your veterinarian based on your pet's condition. If CPR is effective, there are often problems that need to be addressed after resuscitation. CPR does not resolve any underlying conditions. It is important that you know that CPR may be costly and the total will vary depending on your animal's needs. This and the cost of any additional care after the CPR are in addition to your current estimate.
- Do Not Resuscitate:** Every attempt will be made to prevent a cardiac and/or respiratory arrest from occurring, but if your pet arrests, no CPR will be performed. This option is always an acceptable choice based upon your beliefs and needs.

I have read and understand this authorization.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Check-in Personnel: \_\_\_\_\_

Check-in Date/Time: \_\_\_\_\_