

ANESTHESIA/SEDATION/SURGERY CONSENT FORM

Owner's Name: _____ Pet's Name: _____
Home phone: _____ Phone number where you may be reached today: _____

Surgery or procedure to be performed:

Would you like to receive a text message with an update after your pet is awake from anesthesia? **Y N**
Phone number where you can receive a text message: _____ Picture messages ok? **Y N**

PATIENT INFORMATION

- 1. When was the last time your pet was given food (time)?
- 2. Is your pet currently showing any signs of illness?
- 3. Please list any and all medications your pet is taking:
 - a. When was the last time they were given?
- 4. Has your pet had any previous reactions to anesthesia? **Yes No**

PRE-ANESTHETIC LABORATORY TESTING

If your pet is older than 6 years of age, Dr Roman strongly recommends that a pre-anesthetic blood profile be performed to maximize your pet's safety and to alert the doctor to the presence of dehydration, anemia, infection, diabetes, kidney and/or liver disease. If your pet has any of these conditions and they are left undetected, the anesthetic procedure may have complications. The results of the recommended laboratory testing can help the doctor determine the appropriate anesthetic protocol for your pet. (please initial one of the options below)

____ Healthy patients, 5 years and under. This panel includes: BUN, creatinine, ALK, ALT, glucose, total protein, and a complete blood count. This panel costs \$64.50.

____ Sick patients and/or patients 6 years and older. This panel includes: All of the tests in the previous profile, plus albumin, phosphorus, calcium, total bilirubin, amylase, lipase, and complete blood count. This panel costs \$79.25. MANDATORY.

____ I decline to have the recommended pre-anesthetic blood work performed and I understand the associated risks.

MONITORING and INTRAVENOUS CATHETER AND FLUIDS

It is the policy of Amite Veterinary Services, LLC that any patient 10 years or older will have monitoring equipment in place and an I.V. catheter placed and be given intravenous fluids during any anesthetic procedure lasting more than 30 minutes. You are responsible for this additional charge of up to \$50.00 dollars (cost is dependent on patient size and length of procedure). _____ Initial

MICROCHIP

____ I would like to take this opportunity to have my pet microchipped at a discounted price of \$31.50 rather than the regular price of \$35.00.

Amite Veterinary Services, LLC

DENTAL PROCEDURES ONLY

(please mark one of the options below)

I will be available during the dental procedure and WOULD LIKE to be called if extractions are necessary. Please call me at: _____

*If choosing this option, please make sure you are available, because we will be calling while your pet is under anesthesia and we will not be able to perform the extractions without your consent.

I will be available during the dental procedure, but I DO NOT need to be called if extractions are needed.

I will NOT be available during the dental procedure and I give my authorization to extract teeth as necessary. (*Teeth extraction cost will vary depending on extraction difficulty from \$5-\$10 per tooth.)

I would like to seal the teeth with **Oravet**. This procedure includes a pack of 8 treatments, which will cover 2 months for the cost of \$40.00.

VACCINATION STATUS

All admitted animals must be current on their vaccinations and must be free of external parasites. Any animal found to have fleas or ticks will be treated at the owner's expense. The bordetella (kennel cough) vaccine is also required for dogs. *If a pet has not had any of the required vaccines within the last year (DHLPPC, Bordetella, Rabies), it will be given at the owner's expense. _____ Initial *Require proof of vaccination.

CARDIOPULMONARY ARREST

There are very rare risks of undergoing general anesthesia. Some animals are at a greater risk than others. The doctors and staff of Amite Veterinary Services take every precaution possible to prevent these risks. In case of cardiopulmonary arrest during anesthesia please:

DO resuscitate (perform CPR) in case of cardiopulmonary arrest.

DO NOT resuscitate (perform CPR) in case of cardiopulmonary arrest.

AUTHORIZATION

* I verify I am the owner (or Authorized agent for the owner) of the above named pet and authorize the above procedure to be performed. I authorize the use of anesthesia and other medication as deemed necessary by the veterinarian.

* I have been advised as to the nature of this procedure and of the risks involved. I understand that there is always a risk with any anesthetic procedure, even in apparently healthy animals and I have discussed my concerns with the veterinarian. I understand that it may be necessary to provide medical and/or surgical procedures which are not anticipated for the safety or care of my pet. I hereby consent to and authorize the performance of such altered and/or additional procedures as are necessary in the veterinarian's professional judgment. I accept responsibility for any result in additional charges (AVS will call if this situation occurs to inform me of any extra charges and for consent).

* I agree to be responsible for any charges incurred while my pet is in the care of Amite Veterinary Services, LLC and understand payment is due at the time my pet is released from the hospital. I understand no staff will be attending to my pet overnight (pets needing ICU care may be referred to a 24 hour hospital).

Signature of Owner or Agent: _____

Date: _____