

Loop 363 Animal Hospital

Anesthesia/Surgery Consent

Revised 1/13/11

Receptionist Only

Client Name: _____ Patient: _____

Procedure(s): _____

Canine / Feline

Rabies Due: _____ (required)

CLIENT ONLY

All animals are required to be current on rabies vaccines (within 1 year). If proof is not available, animals will be given a rabies vaccine at the owner's expense. All animals must be free of external and internal parasites (e.g. Fleas, Tapeworms) or they will be treated at the owner's expense.

It is very important that we are able to reach you in case of an emergency or any questions!

What is the best way to reach you today? (PHONE) _____

(EMAIL) _____ (TEXT) _____

**** Please note: If your pet is in heat, pregnant, or has a retained testicle, there will be an additional fee. (The price is based on weight)**

I am aware of these terms and conditions

Please Initial _____

Pre-Anesthetic Blood Work (Recommended for all ages, especially if recent blood work has not been done)

This blood work consists of a CBC, which will check the red and white blood cell counts, and a chemistry panel to check blood glucose, kidney, and liver enzymes. This test will help us identify underlying health issues that may influence our anesthetic protocol, and they give us a baseline in case of future illness. **There is an additional charge.**

I DO _____ DO NOT _____ wish to have pre-anesthetic blood work run today.

Please initial _____

IV Fluids (Highly recommended for all animals over 7 years of age and animals undergoing lengthy procedures)

Low blood pressure is very common during all anesthetic episodes, and running fluids during the procedure will help protect your animal's internal organs from damage due to low blood pressure. Having an IV in place will also allow us to have access to the vascular system in case of emergency. **There is an additional charge.**

I DO _____ DO NOT _____ wish to have an IV catheter placed today.

Please initial _____

Pain Management (Recommended for all procedures, and is included with all declaws, spays and neuters)

Animals are not able to express pain as easily as we are. Often, they hide their pain from people and there may be no obvious external indications of their discomfort. The physiology of pain can cause many problems if left untreated. Effective pain medication is available for all animals and will promote a more rapid recovery. The cost varies between \$19-42 depending on the best medication for your pet and its weight.

I DO _____ DO NOT _____ wish to provide my pet with pain relief today.

Please initial _____

Home Again Microchip (Recommended for retrieval of pets that may become lost)

Implantation involves placing a small microchip under the pet's skin. In the event that the pet is lost, a microchip scanner can be used to identify it. This technology has been in use for many years and many pet stores and shelters have scanners on hand.

There is an additional charge.

I DO _____ DO NOT _____ wish to have a microchip implanted today.

Please Initial _____

AUTHORIZATION TO PERFORM ANESTHESIA AND/OR SURGERY

I hereby authorize Loop 363 Animal Hospital to perform the diagnostic, therapeutic, and /or surgical procedures named above. The nature of such services has been described to me to my satisfaction, and I realize that no guarantee or warranty can be made, ethically or professionally, regarding the results. I authorize Loop 363 Animal Hospital to treat my pet in case of emergency. I understand that the staff will contact me as soon as possible and that some treatments may result in additional charges. I understand that if any estimate for service is provided to me, it is only an estimated price. I acknowledge that Loop 363 Animal Hospital attempts to give as accurate of estimates as possible; however, I understand that there may be unforeseen complications and further treatment may be necessary during or following the procedure. If I am unable to be reached for questions at the number I provided, I understand that the veterinarians at Loop 363 Animal Hospital will use their professional judgment with regards to the treatment of my pet. This may involve additional charges. By signing below, I acknowledge that I am the owner/agent of the animal in question. I accept and assume full and total financial responsibility for any and all services rendered. I understand that payment is due when services are rendered.

PAYMENT WILL BE MADE BY: (PLEASE CIRCLE) CASH – CHECK – VISA – MC – AMX – DISCOVER - CARE CREDIT

OWNER/AGENT'S SIGNATURE: _____ Date ___ / ___ / ___