



Anesthesia/Procedure Consent Form

Although 100% risk free anesthesia does not exist, we do all that we can to provide the safest anesthesia for your pet. Anesthetic complications are rare but always possible, the worst complication being the death of your pet. Pre-anesthetic blood testing and intravenous catheter and fluids are beneficial to all patients and will be required for some, based on the patient and procedure.

Pre-anesthetic blood testing helps us to evaluate your pet's major organ systems (i.e. liver, kidneys, blood cell counts, etc.) and identifies underlying disorders and insufficiencies.

_____ Your pet is 5-10 years old and is required to have middle age profile (\$74.70) (Date completed _____)

_____ Your pet is 10+ years old and is required to have a CBC and Chemistry Profile (\$180.23) (Date completed _____)

_____ Your pet is under 5 years old. You may elect for or decline pre-anesthetic blood testing. Indicate below.

Decline Elect for middle age profile Elect for CBC and Chemistry Profile

Intravenous catheter and fluids are beneficial for any pet undergoing anesthesia. The IV catheter is used to administer medications easily. The fluids help your pet recover from anesthesia more quickly, maintain your pet's blood pressure, and increase circulation during anesthesia.

_____ Your pet is required to have intravenous fluids for his/her surgical procedure and recovery (\$103.61)

_____ You may elect or decline intravenous fluids for your pet's surgical procedure/recovery. Indicate below.

Decline, but if the surgeon feels it is needed, intravenous fluids will be started at my expense.
 Elect for intravenous catheter and fluids (\$103.61)

Staff: Please discuss with pet owner and check/answer statements below.

_____ Patient's most recent meal was fed at _____ AM/PM on ____/____/____

_____ Patient has had no access to water since _____ AM/PM on ____/____/____

_____ Patient has been given the following medications in the past 24 hours: _____

_____ Patient will receive pain management pre-operatively, peri-operatively, and/or post-operatively as deemed necessary by the veterinarian based on the procedure.

_____ Patient's toenails will be trimmed at no charge while under anesthesia.

Pet owner/agent: Please read and initial each statement below.

_____ I (or an authorized agent) will be available by phone while my pet is in the care of White Oaks Veterinary Hospital. If I cannot be reached by phone, I authorize the attending veterinarian to proceed with any procedures deemed necessary (i.e. ear flush for ear infections or mites, retained baby teeth extractions, etc.) and I understand this may accrue additional charges beyond any estimate provided to me.

_____ My pet will be monitored with continuous EKG, heartrate, blood pressure, temperature, inspired and expired carbon dioxide levels and blood oxygen saturation while under anesthesia. If any complications are to arise while my pet is under anesthesia, I understand that the doctors and staff will perform life saving measures while trying to contact me by telephone. I understand that this action will accrue additional charges beyond any estimate provided to me.

I decline CPR (resuscitation) on my pet. I understand that if my pet stops breathing and/or his or her heart stops beating, my pet will expire unless CPR is performed. **Initial:** _____

By my signature below, I have read, understand, and agree to the above information and hereby authorize White Oaks Veterinary Hospital to perform the procedures listed below and addressed above:

_____ on my pet _____, Color/Breed: _____ Birthdate: _____ Wt (#) _____

WHILE MY PET IS IN THE HOSPITAL TODAY, I (or an authorized agent) can be contacted at the following numbers:

Call 1st: _____ 2nd: _____ 3rd: _____

Owner or authorized agent: _____ Date: _____ Staff: _____