



ANESTHESIA / SURGERY / DENTAL CONSENT FORM

PET NAME: _____ LAST NAME: _____

Scheduled Date of Procedure: _____ Age: _____ **SEE ALERTS?** YES or NONE

Did you give your pet any medications today? YES or NO

If yes, what medications and when? _____

I authorize performance of the following procedure(s):

The nature of this service has been described to me to my satisfaction and I realize that no guarantee can be made regarding the results. I understand that I assume financial responsibility for all services rendered and that payment is due on the date of service.

I have further questions about procedure and would like a call from the doctor before administering anesthesia.

In the event that other procedures are deemed necessary during the procedure, INCLUDING dental extractions I authorize the following: **CHOOSE ONLY ONE**

I authorize the attending veterinarian to do any associated treatments including dental extractions while my pet is under anesthesia.

I prefer that the attending veterinarian **contact me prior** to performance of any additional treatments. **If I cannot be reached I give permission to proceed with additional necessary treatments.**

I prefer that the attending veterinarian **contact me prior** to performance of any additional treatments. **If I cannot be reached DO NOT PROCEED.** I understand that this means that my pet may require an additional procedure under anesthesia at a later time.

IN THE EVENT OF AN EMERGENCY: **CHOOSE ONLY ONE**

I authorize the doctor to perform whatever lifesaving procedure is necessary to keep my pet alive.

I DO NOT authorize the doctor to perform any lifesaving procedures, DO NOT RESUSCITATE my pet in event of an emergency.

_____****PLEASE INITIAL confirming that your pet DID NOT consume ANY food since 10pm last night****

Signed: _____ Date: _____

Printed Name: _____ *Phone Number: _____

**Please leave a reliable number where we can reach you during the day while your pet is with us, or the number of someone who has the authority to make decisions for you regarding your pet.*

FOR OFFICE USE: INTAKE WEIGHT: _____ ARRIVAL TIME: _____ FORM COMPLETED BY: _____ INTAKE DONE BY: _____

Hospital use only

SURGICAL AND ANESTHETIC RECORD

Date: _____

Patient Name:	Age:	Weight (lb):	Gender:	Species:
		Weight (kg):		
Procedure:	Temp:	Doctor:		
		Tech:		
Bloodwork Date:	Bloodwork Results:			

MEDICATIONS

Drug	Route / Location	Dose	Time	Total Used	Total Drawn

TIMING

Iso Start	Iso Stop	Intubation	Extubation	Sternal

NOTES

INVENTORY

Sx Packs:	4-0:	VetSpon:
Blades:	3-0:	ETT:

OTHER: