

Patient Anesthetic Consent Form

Your name: _____ Your pet's name: _____

Procedure being performed: _____

If mass removal(s), confirm location: _____

As part of our commitment to offering the safest care for your pet during his/her visit for surgery, we will perform a complete physical examination prior to anesthesia. Please note any changes in your pet's behavior in the following questions:

Has your pet been fasted (had no food) since 8pm last night? Yes / No

Have you noticed any recent coughing, sneezing, vomiting or diarrhea? If so, please note which symptom and the frequency:

How has your pet's appetite been? Increased / Decreased / Normal

How has your pet's thirst been? Increased / Decreased / Normal

How is your pet's urination? Increased / Decreased / Normal

How is your pet's defecation? Increased / Decreased / Normal

How is your pet's activity level? Increased / Decreased / Normal

What diet is your pet currently eating? _____

Is your pet currently on any flea prevention? Yes / No If so, which kind?

Is your pet currently on any heartworm prevention? Yes / No If so, which kind?

Is your pet on any other form of medication(s) or supplement(s)? If so, please tell us the name and dose.

In the event a medical/surgical decision must be made for the diagnostic or therapeutic care for your pet, and we are unable to contact you; how would you like us to proceed?

Please Initial

_____ Proceed with care at the discretion of the doctor (additional charges may apply) (You understand that this may mean not performing a procedure and may cause your pet prolonged or additional anesthesia)

_____ Do not proceed (You understand that this may mean not performing a procedure and may cause your pet prolonged or additional anesthesia)

Please understand that we will make every attempt to contact you should any unforeseen issues arise today. However, in the event of a catastrophic emergency, please elect what life-saving measures you would like performed so that we may be in accordance with your wishes: (these are at additional cost). *PLEASE INITIAL:

_____ Do NOT perform CPR

_____ Perform CPR life support measures (chest compressions, artificial respiration, IV medications, intubation, and IV fluids- Please know that additional charges will apply)

Do you have any other questions or concerns that you would like addressed today?

Authorization

I certify that I am the owner, or authorized agent for the owner, of the above pet. I authorize the doctor on duty and assistants to perform the above prescribed procedures including administration of sedatives and/or anesthetics, as well as any necessary and appropriate medical, surgical, nursing, diagnostic, and/or emergency care for the above pet. I understand that San Carlos Animal Hospital is not a 24 hour hospital. Should an overnight stay be necessary, direct observation will not be available. If the above pet needs observation we recommend transfer to a 24 hour emergency hospital. I understand that during these procedures great care is taken to ensure my pet's health, but unforeseeable conditions may occur that necessitate an extension or variance in the procedure(s) defined above. The nature of the procedure and the potential risks have been explained to me and I understand the procedure(s) to be performed. I understand that there are potentially life threatening risks with anesthesia and/or surgery, and I am encouraged to discuss any concerns I have about those risks with the veterinarian before the procedure(s) are initiated. I will not hold San Carlos Animal Hospital, the veterinarians, or any team member liable for any complications that may arise. No warranty or guarantee has been stated or implied to me as to the results or cure afforded by these treatments or procedures. My approval of this consent form indicates that any and all my questions have been answered to my satisfaction. I understand that I am assuming full financial responsibility for all services rendered at the time my pet is discharged from the hospital.

Knowing that San Carlos Animal Hospital will take all precautions to make the procedure as safe as possible, I give my permission to proceed as noted above.

I have read, understand, and authorize the above statements

Print Name (First, Last)

Signature of Responsible Party

Date