



Surgery/Anesthetic Informed Consent Form

Client Name:

Patient Name:

Client ID:

Species:

Client Address:

Breed:

Sex:

Phone Number:

Weight:

Procedure: _____ Phone Number you can be reached at today: _____

1. HAS YOUR PET HAD ANY FOOD OR WATER PAST 10 PM LAST NIGHT? YES _____ NO _____

(Please inform us if your pet has had any food or water because vomiting during and after surgery is common and if they aspirate food, they can have severe anesthesia complications.)

2. HAS YOUR PET HAD ANY MEDICATION TODAY? YES _____ NO _____

If yes, which medication and when? _____

3. DOES YOUR PET HAVE ANY PRE-EXISTING CONDITIONS? YES _____ NO _____

If yes, conditions? _____

INTRAVENOUS CATHETER: All patients undergoing major surgery with general anesthesia will have an IV catheter placed and will receive IV fluids during all surgical procedures. This helps minimize the risk of general anesthesia and provides us with direct IV access in case of an emergency.

FLUID THERAPY: Fluids are given to protect your pet's kidney and heart. Fluids shorten recovery time and help your pet feel better sooner. An IV catheter placement allows for IV fluid administration during and after surgery. This also provides us direct IV access in case of emergency.

PRE-ANESTHETIC LAB WORK: Your pet will be undergoing a surgical or dental procedure under sedation or general anesthesia today. In order to recognize any underlying abnormalities your pet may have, your pet will receive bloodwork prior to being anesthetized.

ANESTHETIC MONITORING: Anesthetic monitoring includes monitoring the pet's heart rate, respiratory rate, temperature, heart activity, oxygen level, and pain level. Any abnormalities will be able to be assessed and treated immediately.

PAIN CONTROL: Appropriate pain medication is routinely given to the patient before and after all surgical and dental procedures. Pain medication will also be prescribed to be given at home for most surgeries. E-Collar "Cone" OR Surgical Suit: Helps prevent any chewing or licking at surgical site.

E-Collars or surgical suit will be sent home with every surgical procedure, except routine dentals. (If during recovery, the patient starts licking at the site, an e-collar will be automatically placed on pet at that time.)

4. **MICROCHIP:** While under anesthesia, we can safely insert a microchip under your pet's skin, between their shoulder blades, which offers permanent identification and helps assist in your pet's safe return in the event that he/she is lost or stolen. Lifetime registration included.

_____ YES, insert a microchip (additional cost) _____ NO, or my pet already has a microchip



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If complications should develop and my pet stops breathing and/or heart stops while in hospital, I elect the following and assume financial responsibility for my choice: (initial one below)

____ CPR (if initiated, charges may range up to or more \$200) ____ DNR

I understand that some risks always exist with anesthesia and/or surgery and that complications and even death are possible. I understand that I am encouraged to discuss any concerns I have about these risks with the attending doctor before the procedure(s) is/are initiated. I also understand that the veterinarian will perform a pre-anesthetic physical exam and that the staff will be monitoring my pet at all times while under anesthesia in order to minimize anesthetic risk. I have been advised as to the nature of the procedures or operations and the risks involved, including the possibility of death. I realize that no guarantee can be made legally or ethically to me regarding the outcome of any procedure performed.

I am the owner of the above described animal and have the authority to execute this consent and authorization. I also assume full financial responsibility for this pet and understand that all charges shall be paid upon release of my pet from the Southpaw Animal Health.

I have carefully read and do fully understand this authorization and consent.

If medications are required, do you prefer Liquid or Tablet form?

Client Signature: _____ Date: _____

Technician Initials: _____ (Hospital Usage)



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MASS REMOVAL

(Please skip this section if patient is not presenting for a mass removal)

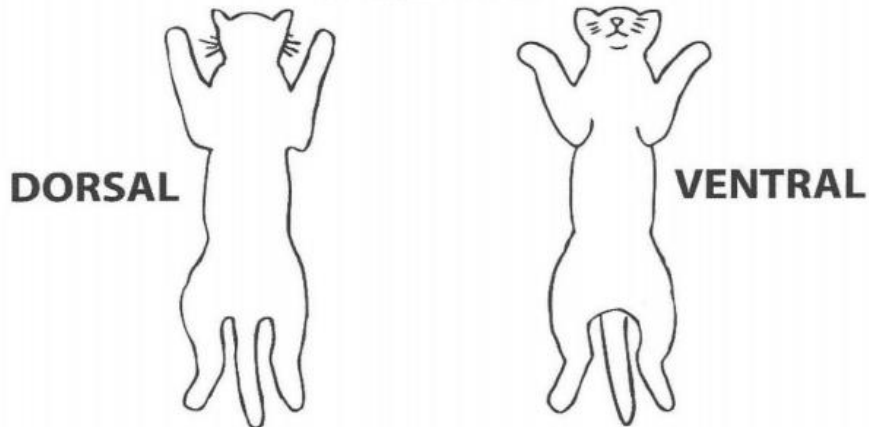
Mass Removal:

If you pet is getting any growths or bumps removed today, please mark all masses you want removed on the diagram below:

CANINE



FELINE



Owner Initials: _____