

ANESTHESIA AND SURGICAL CONSENT FORM

Mountainstone Veterinary Hospital

1626 Stuart Rd – Cleveland, Tn 37312

Date _____

Surgery or Treatment Request

Owner Name _____ Patient Name _____

Emergency Contact Name/Number _____

Spay _____ Neuter _____ Dental _____ Cat Declaw 2 feet _____ Cat Declaw 4 feet _____ Other _____

Did your pet eat this morning? NO _____ YES _____ Last time pet has eaten? _____

Is your pet showing any signs of illness? NO _____ YES _____ (if yes, list signs) _____

What medication is your pet currently taking? _____

Has your pet had any adverse reactions to anesthesia in the past? NO _____ YES _____

Patients with fleas and/or ticks will be treated at owner's expense to ensure a flea/tick free environment**MICROCHIP:** Permanent identification for your pet **(\$70.00)** **YES** – I want my pet to receive a microchipPhone# : _____ email: _____ Address: _____
Must match what is in your client chart in our computer system!! **NO** – I understand the benefits of microchipping my pet, but decline today/my pet is already microchipped**PRE-ANESTHETIC BLOOD TESTING - \$115.00****(THIS IS REQUIRED OF ALL PATIENTS 5 YEARS AND OLDER FOR SURGICAL PROCEDURES)**

Like you, our greatest concern is the well-being of your pet. Some conditions including disorder of the liver, kidneys and blood are not detected unless blood testing is performed. Anesthetic agents are processed in the body by the liver and kidneys. Any disorder regarding these organs can increase your pet's anesthetic risks, including death. For this reason, all of our veterinarians highly recommend pre-anesthetic blood testing.

Please choose one of the following options:

- YES** – I WANT my pet to have Pre-Anesthetic blood testing at the cost of **\$115.00**
- NO** – I DECLINE Pre-Anesthetic blood testing and I understand the risk in not testing for abnormalities
- Pre-Anesthetic blood testing is required due to the age of my pet or type of procedure being performed
- Pre-Anesthetic blood testing was already done on _____

 **INTRAVENOUS CATHETER AND FLUID THERAPY**
(REQUIRED FOR ALL SURGERIES - INCLUDED IN SURGERY COST)

Every patient undergoing anesthesia will have an IV catheter placed and be on fluids throughout the procedure if deemed necessary by the veterinarian. The benefits of having an IV catheter placed include: Maintaining blood pressure, keeping the patient hydrated, providing immediate access to the vein to deliver medication in the event of an emergency, and helping the patient expel the anesthetics from their body faster, allowing them to recover more quickly and smoothly.

I understand the IV catheter is NOT OPTIONAL for my pet's procedure if recommended by the doctor.

Owner initial _____

 **PAIN MEDICATION (FOR AN ADDITIONAL CHARGE)**

Like us, pets feel pain. Therefore, we prescribe pain medication for all our surgical patients and for our dental patients that have had extractions.

I understand pain medication is NOT OPTIONAL for my pet's procedure if recommended by the doctor.

Owner initial _____

 **DENTAL EXTRACTIONS (ADDITIONAL CHARGE)**

Depending on the degree of dental disease present, extractions MAY be necessary during your pet's dental. Extractions are often an expense we cannot estimate until a thorough exam and x-rays are performed while the patient is under anesthesia.

- YES** – It is ok to extract teeth if the doctor feels it is medically necessary
- NO** – I must be contacted prior to the performance of ANY tooth extractions. By choosing this option, I fully understand that my pet will be under anesthesia longer and I accept responsibility for increased medical risk and/or cost. I also understand that if I cannot be contacted within a reasonable amount of time that my pet will be wakened from anesthesia and the teeth will not be extracted. If I choose at a later time to have the procedure performed, it will require additional anesthesia and cost.

 **ADDITIONAL SERVICES?**

Please list any additional services your pet may need today. Example: **bath, vaccines, nail trim** etc

 **We tattoo all spay and neuter surgeries.** It is a very small dot, green in color, placed at the surgery site that serves as a permanent identification mark indicating that the patient has been surgically altered, thus preventing unnecessary surgeries in the future. This service is included in the cost of the surgery.

I understand that my pet will have the tattoo placed at the surgery site (initial) _____

The nature of the procedure has been explained to me, and I understand what will be done. I have asked and had answered any questions I have related to the procedure, the safety of the procedure or that of any potential complications. I have been informed that there are certain risks and complications associated with any anesthetic event. I have been informed that there will be ancillary care associated with the procedure that may not be specifically listed above, and which also carry certain risks. I accept all of these risks. I further understand that during the course of the procedure, unforeseen conditions may arise that may necessitate the performance of additional procedures. I understand that there may be additional costs incurred due to complications or unforeseen conditions and I accept complete financial responsibility for these. I understand that there is no guarantee of successful treatment, outcome or cure.

I do hereby consent and grant the veterinarians of Mountaintone Veterinary Hospital and all of their employees, agents, servants, and/or representatives (collectively, the "Hospital") full and complete authority to perform the anesthesia, procedures and treatments described above and to provide any ancillary care, and to perform any other procedure or treatment that, at the veterinarian's discretion, may be deemed medically necessary. I do hereby forever release and discharge the Hospital from any and all liability arising from such procedures and treatments. I agree to pay, in full, for services rendered at the time of service (including those deemed necessary for medical/surgical complications or unforeseen circumstances).

I understand that care may be required following the discharge of the patient. I agree to follow and perform all instructions given to me for this care, as outlined in the discharge instructions. I understand that it is my responsibility to contact the veterinarian if I have any questions or concerns regarding my pet's recovery.

Client's Signature _____