

# Anesthesia Consent Form

Client Name: \_\_\_\_\_ Patient Name: \_\_\_\_\_

Best phone number(s) to contact you today: \_\_\_\_\_

What time and how much did your pet last eat? \_\_\_\_\_

**Procedure(s):** \_\_\_\_\_

If needed, which type of medication(s) is easiest for you to administer to your pet:

\_\_\_Tablets \_\_\_Capsules \_\_\_Liquid \_\_\_Injections (given by staff)

**Please check below which additional services your pet needs today:**

Annual wellness: \_\_\_ Yes \_\_\_ No      Microchip: \_\_\_ Yes \_\_\_ No

Nail Trim: \_\_\_ Yes \_\_\_ No      Anal glands: \_\_\_ Yes \_\_\_ No

Ear cleaning: \_\_\_ Yes \_\_\_ No      Medication refill(s): \_\_\_ Yes \_\_\_ No

If refills needed, please list here: \_\_\_\_\_

Send samples to outside lab (when applicable): \_\_\_ Yes \_\_\_ No

**While we take every precaution to ensure your pet's safety during anesthesia, as with any medical procedure, there are inherent risks. These risks, though rare, can include complications such as adverse reactions to medications, cardiovascular or respiratory issues, and in extreme cases, the possibility of death. We closely monitor your pet throughout the procedure and take every measure to minimize these risks. Please initial next to your preference:**

\_\_\_\_\_CPR: I consent to CPR and life-saving measures if my pet experiences cardiac or respiratory arrest under anesthesia.

\_\_\_\_\_DNR: I prefer that no life-saving measures, including CPR, be performed if my pet experiences cardiac or respiratory arrest under anesthesia.

Your pet will be undergoing general anesthesia for a surgical procedure today. By signing below, you understand that during the performance of this procedure, unforeseen conditions may necessitate an extension of the procedure or different procedure(s) than those set forth above. Therefore, I consent to the performance of such procedures as are necessary in the exercise of the veterinarian's professional judgement. I authorize the use of appropriate anesthetics and other medications. I have been advised as to the nature of the procedure, as well as the risks involved, and consent to proceed with the procedure. I realize results cannot be guaranteed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please note, pets undergoing anesthesia will remain for monitoring and are typically ready for pick-up mid to late afternoon. The veterinarian will provide the exact pick-up time when they call after surgery.**