



Anesthesia Consent Form

Client's Name _____

Pet's Name _____

Rabies Vaccination Current : yes no

Phone number(s) where you can be reached today in case of emergency: _____

Procedure(s) _____

To be admitted for a procedure involving anesthesia, your pet must have been fasted overnight. If you are unsure, please tell the admitting technician so anesthesia can be administered later in the day.

PET HISTORY

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Is your pet current on vaccinations? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your pet had any seizures? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your pet had any vomiting, diarrhea, coughing in the last 7 days? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your pet had ANY illness or injury in the last 7 days? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is your pet allergic to any medications/drugs? If so please list _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your pet eat this morning? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is your pet currently on Heartworm/Flea/Tick prevention? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is your pet taking any medications? If yes, what medications and when was the last dose given? _____ |

PRE-ANESTHETIC LABWORK/FLUID THERAPY

Whenever an animal undergoes anesthesia and/or surgery, some risk is involved. The amount of risk depends on many factors, including age, physical condition, and the condition of organ systems (heart, kidneys, liver, etc.) Anesthetic risks can be greatly reduced with prior knowledge of existing problems. **To minimize these risks, it is hospital policy that all pets undergoing anesthesia be evaluated with a physical exam and labwork prior to anesthesia. Intravenous fluid therapy will be administered to minimized effects of anesthetic agents.**

PAIN MEDICATIONS

Recent advances in the understanding of pain in animals have increased our awareness of the need for improved patient pain management. Pain management is not only humane, but helps your pet feel better more quickly and may prevent adverse medical consequences associated with uncontrolled pain. At **Northgate Animal Hospital**, we feel that managing your pet's pain is an important part of our commitment to your pet's health. **During your pet's stay, analgesic (pain relieving) medication will be administered as necessary to assure that your pet is as comfortable as possible.** Providing pain relief also means that additional medication may be dispensed for use at home.

ELECTIVE PROCEDURES TO DO WHEN ANESTHETIZED

Yes No **Microchip Implantation:** The microchip is a permanent means of identification for your pet. A microchip approximately the size of a grain of rice can be injected under the

skin of your pet. If your pet is ever lost, stolen, or injured, a scanner will be able to detect your pet's ID number and you will be contacted.

Yes No **Nail Trim:** Routine anesthetic procedures are an ideal time for nails to be trimmed.

Yes No **Ear Cleaning:** Sometimes the simplest ear cleaning can be difficult, so let us clean the Ears while your pet is under anesthesia.

OWNER CONSENT:

I understand that general anesthesia and/or surgery carry with them inherent risks, including infection, cardiac arrest, and death. I authorize the use of appropriate anesthetics and other medications to be used, as the veterinarian deems necessary during the procedure. I understand that some risk always exists with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending doctor before the procedure. I am the owner of the above patient and have the authority to execute this consent. I hereby consent and authorize the performance of the above procedure(s) or operation(s).

AFTER CAREFULLY READING THE ABOVE , I HAVE SIGNED IN AGREEMENT

Owner's consent _____ Date _____