



Surgery and Anesthesia Consent

Pet's Name: _____ Contact Ph. No: _____

Client Name: _____ Alternate No: _____

Initials _____ I have not given my pet any food or water after 11pm on the night before the procedure, unless otherwise advised by my doctor. I understand that this is important for anesthesia safety.

Procedure(s) to be performed: _____

General Information:

Blood work: Pre-Surgical blood work is strongly recommended. It is required for patients over seven years of age.

Preparation: The skin around the surgical area will be clipped and scrubbed with an antiseptic. We follow sterile procedures (surgical preparation, surgical packs, and surgical attire).

Monitoring: We further minimize anesthetic risk by monitoring heart rate and rhythm, respiration rate and quality, blood pressure, oxygenation, and depth of anesthesia during the procedure.

Catheterization: For most surgical procedures, an intravenous catheter is placed to provide us with an easy route to administer medication and fluids (which support kidney, liver and heart function, as well as blood pressure) during the procedure.

Pain Management: Your pet's comfort is important to us! We will proactively manage pain associated with any procedure with appropriate pain management medications. As with any drug, side effect may be associated with their administration.

Laser: When using the laser as a surgical instrument, it cauterizes as it cuts. This results in less bleeding, swelling and pain for the patient.

Authorization and Risk Assessment

I authorize anesthesia/surgery for my pet. The nature and risks of this procedure have been explained to me. I understand that some risks always exist with anesthesia and/or surgery, and I am encouraged to discuss any concerns I have about those risks with my veterinarian before the procedure. My signature on this consent form indicates that any questions have been answered to my satisfaction.

**I authorize Luv-N-Care Animal Hospital to perform any additional diagnostic, treatment or surgical procedure(s) deemed necessary for medical or surgical complications or any unforeseen circumstances. While Luv-N-Care provides the highest quality of anesthesia monitoring and surgical services, I understand that there are rare complications associated with any anesthetic or surgical procedure. I fully understand these risks and understand that the veterinarians and hospital staff will try to minimize such risks. I will not hold Luv-N-Care Animal Hospital, the veterinarian, or any staff member liable for any complications that may arise.

The estimated cost is \$ _____. I understand I am required to leave a deposit of 100% before the procedure is started.

I HAVE READ AND FULLY UNDERSTAND THIS SURGERY AND ANESTHESIA CONSENT FORM

Signature of Owner/Representative of Owner

Date