



# Surgery / Anesthesia Consent

Patient Name | Patient #:

Breed | Color | Age | Sex:

Date:

Procedures to be performed: \_\_\_\_\_

Have you noticed any...?

Change in appetite/thirst

Change in body condition

Change in energy level

Vomiting/Diarrhea

Coughing/Sneezing

Exercise intolerance

If yes, please elaborate: \_\_\_\_\_

Has your pet ever experienced...?

Anesthetic complication

Drug/vaccine reactions

Serious illness/injury/disease

If yes, please elaborate: \_\_\_\_\_

When was the last time the patient had any food? \_\_\_\_\_

List all medications, prescription and over the counter: \_\_\_\_\_

Would you like your pet to receive...?

Appropriately sized e-collar (\$10 - \$30)

Microchip with lifetime registration (\$55)

In the unlikely case of a life threatening emergency...

initial

I consent to extreme measures including but not limited to CPR, manual respiratory ventilation, and drug treatments to be taken to prevent death. (\$300-\$500)

**or**

initial

I do not consent to extreme measures to be taken to prevent death; do **NOT** resuscitate.

initial

I understand that if while under anesthesia, a condition is discovered which requires additional procedures including but not limited to pregnancy termination, tooth extractions, and hernia repair the veterinarian may perform such procedures at his/her discretion at my expense.

**and**

initial

I understand that if the patient is not current on Rabies, DHPP (canine), Bordetella (canine), FVRCP (feline) vaccines, and pre-anesthetic blood work, the patient will be given these treatments at my expense. I understand that if my pet presents with fleas, a Capstar will be administered at my expense.

I, being of legal age and responsible for the patient listed above, give consent to Aldine Westfield Animal Hospital (AWAH) to treat and perform surgical procedures under anesthesia upon the patient listed above. I understand there is an inherent risk in association with anesthesia and sedation; risks may include but are not limited to infection, hemorrhage, and even death. I understand AWAH is not held responsible for risks that may arise in association with anesthesia or sedation. I understand that additional treatment may be required if an E-collar is not used as directed and injury occurs at the patient's incision site at my expense. I understand payment is due at time services are rendered and no payment plans are offered at AWAH. By signing below, I agree to all statements above and agree that all information I supplied on this document is true.

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Print Name

Primary Phone

Secondary Phone

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Signature

Date