

**SURGERY / ANESTHESIA CONSENT FORM  
CAMPBELL PARK ANIMAL HOSPITAL**

**PETS NAME:** <animal> <last-name>      **PROCEDURE:** <appt-notes>

The goal of Campbell Park Animal Hospital is to provide the safest surgical/anesthetic experience possible. The more information the doctors have before and during a procedure, the greater the reduction of risk that a problem will occur. Included in your pet's procedure(s) is electronic monitoring, I.V catheter, and I.V fluid administration (at the doctor's discretion). Electronic Monitoring (B.P., Pulse Oximeter, EKG) helps screen for and identify certain cardiac problems, while an IV catheter provides venous access and proper cardiovascular support during anesthesia. IV Fluid administration helps maintain stable blood pressure and keep your pet properly hydrated during the procedure.

Post - operative pain medication will be included as deemed necessary by the veterinarian at an additional cost to ensure your pet's continued comfort after the procedure.

Blood chemistries are recommended to help our doctors screen your pet for potential underlying issues prior to surgery. This panel is performed for an additional cost at a discounted rate.

The following recommendations are in addition to the cost of the surgery:

Blood Chemistry/CBC                      \$120.00    I Accept \_\_\_\_\_ I Decline \_\_\_\_\_

24 Hour PetWatch Microchip      \$47.00    I Accept \_\_\_\_\_ I Decline \_\_\_\_\_

I accept all responsibility that my pet is in good health prior to surgery and that all food has been withheld since 8 pm on the night prior to surgery. I understand my pet must be current on Rabies (cats and dogs), FVRCP (cats), DHP and Bordetella (dogs). If my pet is not current on required vaccinations, I understand he/she will need to be vaccinated the day of the procedure. I am aware of the risk involved and release Campbell Park Animal Hospital and its Staff from any legal and financial responsibilities arising from the procedure.

I have read and understand the above recommendations and assume financial responsibility incurred for the procedure(s) and any recommendations chosen.

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

Telephone Number(s) where you can be reached during your pet's visit:

\_\_\_\_\_

If you would prefer a TEXT instead of call AFTER your pet's procedure, indicate below:

\_\_\_\_\_