



1615 S. State Provo UT 84606 (801) 374-0622

## Anesthesia / Surgical Consent

**Client Name:**

**Address:**

**Phone Number:**

**Patient:**

**Species:**

**Breed:**

**Sex:**

**Color:**

**Weight**

**Age:**

Is your pet on any medication at this time?  No  Yes- if so, what and when was medication last given?

Has your pet had any reactions to any medications or drugs?  No  Yes - if so, what?

Has your pet eaten anything since last night?  No  Yes I certify that I am the owner or authorized agent of Mila and I do hereby consent and authorize the Park Animal Hospital and its staff to hospitalize and/or perform the procedure listed below on Mila.

### PROCEDURE OR TREATMENT:

Would you like us to place a Microchip Implant (\$47.40, \$10 savings) while your pet is under anesthesia?  Yes  No  
If your pet is having growths or tumors removed, do you approve histopathology (lab analysis: \$161)? **This cost was most likely included in any written estimate you have already received.**  Yes  No

### BLOODWORK AND IV CATHETER

Having an IV catheter and IV fluids in place for procedures requiring anesthesia helps to regulate your pet's blood pressure and keeps your pet hydrated. It also increases the efficiency with which drugs can be administered in the event of an unforeseen emergency. Before anesthesia is induced, a complete physical examination will be performed to identify any obvious medical conditions that could complicate the procedure. Because there is always a possibility that a physical exam alone will not identify all of your pet's health problems, we REQUIRE that a pre-anesthetic blood profile be performed prior to anesthesia. It is important to understand that a blood profile does not guarantee the absence of complications, but it may greatly reduce that risk as well as identify conditions that could require medical treatment in the future.

### PAIN MANAGEMENT

Advances in the understanding of pain in animals has increased awareness of the need for improved patient pain management. Pain management before, during, and after surgery or certain medical procedures helps your pet feel better more quickly and may prevent adverse medical consequences associated with uncontrolled pain. During your pet's stay at Park Animal Hospital, analgesic (pain-relieving) medications will be administered as necessary to assure your pet is as comfortable as possible. Additional medication(s) may be dispensed for use at home.

I understand that unforeseen conditions may be revealed that necessitate an extension, modification or change in the above procedure(s), medication(s) and/or surgical operation(s) and do authorize such as deemed necessary by the attending veterinarian. I hereby agree to be available by telephone at all times during my pet's hospitalization for consultation with the attending veterinarian. In the event I cannot be reached during an emergency situation, I authorize the attending veterinarian and staff to do what is in the best interest of my pet's well being and am responsible for any additional charges.

**RISK AND EMERGENCY SITUATIONS**

I authorize the use of anesthesia, medications, and support staff as deemed necessary by the veterinarian. I have been advised as to the nature of the procedure(s), medication(s), and/or surgical operation(s) that are to be performed. In the event something presents that was unknown at the time of this signing, I understand that every effort will be made to contact me for an update. While everything will be done to minimize risk, I understand that there are potential risks with any and all procedures.

In the unfortunate event that a life-threatening situation occurs, rescue measures including CPR may become necessary.

I would like my pet to receive CPR and undergo rescue measures such as medications necessary to restart the heart and to start breathing. I understand and accept that additional charges will be incurred up to but not limited to \$500

I would like basic CPR performed on my pet. I understand that this may result in broken ribs and/or bruising and may not result in resuscitation of my pet

I **DO NOT** want CPR and/or rescue measures performed on my pet

I understand that the hospital closes at 5:00 pm Monday - Friday. No medical staff members are scheduled to remain beyond this time. I agree to pay any additional hospital and/or nursing care fees if my pet is not picked up at the agreed upon time/before closing. If my pet is not picked up as agreed above, written notice of abandonment will be mailed to the address on file. Twelve days after such notice, the pet will be considered abandoned and will be dealt with in whatever manner is considered necessary to be in the best interests of the pet and the hospital. It is also understood that abandonment does not relieve me from paying all costs incurred by Park Animal Hospital, including costs of providing necessary medical treatment, food, shelter, and collection of all associated fees.

**I understand than any procedure can have complications and I will be available by phone. If I cannot be reached you at the number provided, I understand the veterinarian will proceed in the best interests of my pet.**

**I have read and understand this authorization and consent form.**

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date