



## ANESTHESIA CONSENT FORM

Client Name: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Would you like us to text or call?  Text  Call

Is there an alternate # we should call?  No  Yes: \_\_\_\_\_

### **Anesthetic/Surgical procedures to be performed:**

**Preanesthetic Blood Testing** It is important to understand that a pre-anesthetic profile does not guarantee the absence of anesthetic complications. It may, however, greatly reduce the risk of complications as well as identify medical conditions that could require medical treatment in the future.

Our greatest concern is the wellbeing of your pet. We will perform a physical examination before administering anesthesia. However, disorders of the liver, kidneys or blood, are not detected unless blood testing is done. Abnormalities of any of these may increase anesthetic risk. For these reasons we highly recommend pre-anesthetic blood screens.

- Yes, I want the pre-anesthetic blood work for my pet.
- I decline the recommended pre-anesthetic bloodwork and understand the surgical risks. Intravenous Fluids Intravenous fluids given during surgery help maintain normal blood pressure and allow rapid administration of drugs should an emergency situation develop.

### **Microchip**

- I authorize the doctor to microchip my pet while under anesthesia

### **Tattoo**

- I authorize for my pet to be tattooed to identify that it has been spayed or neutered.

### **Authorization to Perform Surgical Procedure and/or Treatments**

I, the undersigned owner, or owner's agent, of the pet mentioned above hereby authorize the doctors at Zebulon Animal Hospital to perform the above anesthetic and surgical procedure(s) for my pet. I understand that some risk always exists with anesthesia and/or surgery, and that I am encouraged to discuss any concerns about those risks with the attending veterinarian before the procedure(s) is/are initiated. I understand that Zebulon Animal Hospital is not staffed overnight and I accept any risks incurred by leaving my animal overnight unattended. I understand that I have the option to transport my animal to an overnight/24-hour facility if I so desire.

**\*\*I give my consent to have diseased/broken teeth extracted by the veterinarian. I understand that I will not be called before the extractions are performed. \*\***

- Yes, I authorize extractions.

## **Consent/Decline Directive for Cardiopulmonary Resuscitation and Release of Legal Liability**

### **General Information on CPR**

Should, based on the medical judgement of an Animal Diagnostic Veterinarian, my pet requires cardiopulmonary resuscitation (CPR), including cardiac compression, positive pressure respiration, emergency drugs, or other heroic interventions, I request or decline that the doctor(s) at Zebulon Animal Hospital pursue such medical care as indicated below.

Having requested such emergency procedures, I agree to be held responsible for a minimum resuscitation fee of \$150.00 to pay for the services performed while staff members pursue treatment and try to reach me for further directions. Regardless of my pet's survival, I agree to pay this fee in addition to the other fees already identified by the practice and agreed upon by me.

I agree that if the Zebulon Animal Hospital staff is unable to reach me within 15 minutes after the initiation of CPR procedures, and after exercising reasonable medical judgement, a veterinarian determines that there appears to be virtually no hope for medical success, the future CPR procedures will cease.

I have been informed by Zebulon Animal Hospital and understand that despite the best efforts of the veterinarian and staff at Zebulon Animal Hospital, CPR may not save my pet's life. I also understand that even the most successful CPR that restores my pet's life may not allow my pet to regain his/her normal mental and physical health, and, thus, may leave him/her as an invalid.

**Request For CPR**

**DO NOT RESUSCITATE MY PET:** I have read the above information and release. I agree to the above terms and release and request that NO CPR BE PERFORMED ON MY PET.

**Decline CPR**

**Authorization to perform anesthetic procedures:**

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Owner/Responsible Party Signature

Date