

# SURGERY / ANESTHESIA CONSENT FORM

- Please Read and Sign -

Date: \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_

Your Name: \_\_\_\_\_

My pet(s) \_\_\_\_\_ is/are being presented for the following:

**Examination** (\$39) – Required for all **new** patients prior to sedation / tranquilization.

**Surgery** (please indicate surgery requested) \_\_\_\_\_

**Please be advised that an e-collar and/or oral pain medication may be recommended at an additional charge.**

**Comfort & Safety Package** – Includes IV fluids and pain medication

**IV Catheter and Fluids** (\$47.50-49.50) – Maintains normal blood pressure during surgery, speeds recovery, and reduces the risk of complications such as organ damage.

**Pain Medication** – Helps keep your pet comfortable in the days following surgery.

**Sedation** (< 40# \$28, > 40# \$34) – For bathing, grooming, vaccinations, blood work, radiographs, etc.

**Dental Prophy and Polish**

**Please be advised that pre- and/or post-antibiotics may be recommended at an additional charge.**

**Home Care Kit** (\$21.26-\$24.79) – Includes a finger brush kit, oral rinse, and dental chews.

**Microchip** (\$29) – A permanent identification tool used to help reunite you with a lost pet.

We strongly recommend screening all patients undergoing anesthesia with an array of tests to detect disorders which could compromise the patient's ability to recover from anesthesia or heal afterwards. All patients 8 years or older are required to have one of the following blood work panels:

- Please Check One of the Following -

**Mini Panel** (\$55) – Includes complete blood count and pre-anesthetic blood profiles.

**Full Panel** (\$120) – Includes complete blood count and general health profiles.

**Senior Panel** (\$135-\$137.50) – Includes complete blood count, general health profiles, and urinalysis. Feline Senior Panel also includes a thyroid profile.

**Co-Ag Panel** (\$42.70) – Gauges the probability of excessive bleeding or lack of clotting ability.

**I refuse all recommended laboratory testing.** I request the procedure to be performed with care and professional prudence, but without the benefit of pre-anesthetic laboratory testing. I agree to hold Chestnut Mountain Animal Hospital harmless, in the absence of negligence, in the event of anesthetic, surgical, or medical complications that may have been prevented had these tests been performed.

Owner's Signature:

**I hereby authorize the use of such anesthetics as deemed advisable. I authorize the doctors of Chestnut Mountain Animal Hospital to perform the procedure(s) and treat as I have indicated above.**

Owner's Signature:

**Payment in full required at the time of pick up. American Express not accepted. Payment plans not available. Estimates available upon request. All prices subject to change without notice. Thank you for your understanding and cooperation. We appreciate your trust.**