

Veterinary Anesthesia

★ CONSENT FORM TEMPLATE ★

Please help us provide the best care for _____ by responding to the following questions prior to _____'s scheduled appointment. **Thank you.**

_____ has their surgical procedure scheduled soon. We want this day to be as easy as possible for you. Here are a few things to know going into the big day:

- Please, no food or drink after midnight the night before surgery. If _____ is on any maintenance medications, these are OK to give. Please let us know at check in if any medications have been given.
- Prior to the appointment, please be sure to fill out the anesthesia consent form.

Thank you for reading through this message, and for trusting us with _____'s care.

Have/will you withhold food from _____ for 8 to 12 hours prior to drop off time?*

☐ Yes

☐ No

☐ I'm not sure

What supplements, OTC medications, and/or prescription medications does _____ receive?

What procedure/surgery is _____ scheduled for? (please select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Dental cleaning, dental extraction(s) if indicated. | <input type="checkbox"/> Sedated procedure
(xrays/radiographs, wound care) |
| <input type="checkbox"/> Spay or Neuter | <input type="checkbox"/> Something else |
| <input type="checkbox"/> Mass(es) Removal | |

Have you reviewed and approved the treatment plan/healthcare plan for _____'s procedure and understand that you are responsible for payment in full upon discharge?

- ☐ Yes, I have reviewed the healthcare plan and consent to this procedure for _____.
- ☐ I have not reviewed the healthcare plan or I have questions. I need to speak to the nurse/doctor more before my pet undergoes this procedure.

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Does _____ need any additional services while with us today? (please select all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Microchip placement | <input type="checkbox"/> Anal Gland Expression |
| <input type="checkbox"/> Ear Cleaning | <input type="checkbox"/> Nail Trim |

Although not anticipated, should unexpected life-saving emergency care be required I would like the hospital staff to attempt the following life saving measures:

- ☐ CPR, Cardiopulmonary Resuscitation
☐ DNR, Do Not attempt Resuscitation

Complications can occur and we do our best to minimize the risks for patients. The most serious or common complications include: Unexpected anesthesia reaction, unexpected bleeding disorder, slow recovery, surgical site pain, surgical site reaction.

As with any procedure requiring general and/or local anesthesia, there are certain risks that serious complications or even death may result. To minimize the risk of such occurrences, we mandate baseline bloodwork be performed in order to assure proper organ function, clotting ability, detect anemia or infection, baseline for future reference.

The complete blood count (CBC) is a more sensitive indicator of disease than the physical exam. Additionally, white blood cells (WBCs) and platelets can change within hours due to acute infectious diseases. Abnormal glucose levels can increase anesthetic risk and differ markedly between fasted and non-fasted samples, breeds, age, and sick and healthy patients.

Evaluating electrolytes, hematocrit and total protein in fasted patients is essential for monitoring during anesthesia, minimizing the risk of arrhythmias and hypotension, and facilitating patient recovery.

As the owner of the above named pet, I certify that I am over the age of 18; and I authorize the staff of this hospital to perform the procedure(s) listed above, as well as those deemed necessary to treat life-threatening emergencies.

As with all anesthetic, treatment, and/or surgical procedures, I understand there are risks inherent in these services. I acknowledge that staff members at this practice have explained the procedures to me, answered questions to my satisfaction and cannot be held responsible for any unforeseeable results. Further, I understand that I am financially responsible for all costs incurred during this surgery, treatment, and hospitalization and that payment is due at time of discharge.

While I accept that all procedures will be performed to the best of the abilities of the staff at this facility, I understand that veterinary medicine is not an exact science and that no guarantees have been made regarding the outcome of this/these procedures. I have read and understand the nature of the above procedures and accept the specific terms and conditions set forth herein.

In the event my pet is hospitalized beyond the first day at this facility, I understand that veterinary care during nighttime hours and/or weekends is provided at the discretion of the attending veterinarian.

Continuous presence of personnel may not be provided during these hours. If I desire that my pet have supervision when this facility is closed, I will have him/her transferred to a local emergency clinic where overnight veterinary supervision is available at my expense.

☐ I agree with the statement above.

Please sign your name to verify you have read and completed the above form.

Your Printed Name:



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