



Informed Consent for Anesthesia and/or Surgery

Anesthetic and surgical procedure(s) to be performed: _____

Your pet is scheduled for anesthesia and/or surgery. Like you, our greatest concern is the well being of your pet so prior to putting him/her under anesthesia, we will perform a complete physical examination. In addition, I feel that every pet undergoing surgery should also have pre-anesthetic blood work, IV catheter, and pain management. These procedures help reduce the risk of anesthesia and make your pet more comfortable.

* Pre- anesthetic blood profile: The pre-anesthetic blood profile is to maximize patient safety and alert the doctor to the presence of dehydration, anemia, infection, diabetes, and/or kidney or liver disease, which could complicate your pet's procedure, thereby compromising your pet's health. These conditions may not be detected without a blood profile. These tests are similar to those your own physician would run if you were to undergo anesthesia.

* IV catheter: Intravenous catheters during surgery allow fluids to be given which help to counteract hypotension (low blood pressure) produced by anesthesia. If an emergency situation should arise during surgery, an IV catheter also allows venous access so that drugs can be given during the first few critical minutes of an emergency.

* Pain Management: We believe that all animals undergoing a surgical procedure be kept pain free. We give all pets an injection of narcotic immediately after surgery. We also give take home pain medications for the next few days after surgery. Good pain control helps pets heal faster and more effectively as well as relieve post- surgical discomfort.

* Microchip: While your pet is under anesthesia, we can place a permanent ID under your pet's skin. It is a tiny microchip that contains a personal identification number. If your pet were to become lost and is brought to a shelter or animal care facility they will check your pet for a microchip with a special scanner. When the ID number is picked up by the scanner they will contact AVID's 24 hour hotline and perform a quick search through their PetTrac database. Once your pet is identified you will be contacted and reunited with your pet.

This procedure is an additional cost of \$_____.

_____ Please microchip my pet.

_____ No, I decline a microchip for my pet
_____ My pet already has a microchip.

I, the undersigned owner or agent of the pet identified above, certify that I am _____ I am NOT _____

eighteen years of age or older and authorize the veterinarian(s) at Traditions Animal Hospital to perform the above procedure(s). I understand that some risks always exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure(s) is/are initiated. My signature on this form indicates that any questions I have regarding the following issues have been answered to my satisfaction:

- * The reasonable medical and/or surgical treatment options for my pet
- * Sufficient details of the procedure(s) to understand what will be performed
- * How fully my pet will recover and how long it will take
- * The most common and serious complications
- * The length and type of follow-up care and home restraint
- * The estimate of the fees for all services

While I accept that all procedures will be performed to the best of the abilities of the staff at this hospital, I understand that no guarantee or warranty has been made regarding the results that may be achieved. I assume full financial responsibility for all fees, and will provide payment via cash, credit card or check at the time my pet is discharged from the hospital. Should unexpected life-saving emergency care be required and the hospital staff is unable to reach me, the staff has my permission to provide such treatment and I agree to pay for such services.

I understand that during the performance of medical, surgical, or anesthetic procedures unforeseen conditions may be revealed that necessitate more extensive, costly, or different procedures than originally planned. If staff at Traditions Animal Hospital are unable to reach me, I hereby consent to and authorize the performance of such procedures as are necessary and desirable in the professional judgment of the attending veterinarian, provided that the cost for such additional procedures will not increase the total fee by more than 25% of that provided in the estimate for these procedures.

I have read and fully understand the terms and conditions set forth above.

Signature of Owner or Agent

Date

I can be reached at the following phone numbers:

Primary

Secondary