



ANESTHESIA PROCEDURE CONSENT

CLIENT INFORMATION

Owner/Agent Name(s): _____ Pet's Name: _____

Procedure (Check One): Dentistry Sedation Surgery _____

Additional Procedures: _____

Dentistry: The veterinarian may discover additional dental problems during your pet's procedure. An attempt will be made to contact you. If you cannot be reached only the procedures listed on the Estimate will be performed.

Surgery: The veterinarian may wish to contact you before, during or after your pet's surgery.

*****Phone number(s) where I can be reached today:** _____

Did your pet eat today? Yes No If yes, when _____

When was the last time your pet ate? _____

Does your pet take medication? Yes No

<u>List Current Medications</u>	<u>Day and time last Administered</u>
_____	_____
_____	_____
_____	_____
_____	_____

I am the owner, or agent of the owner, of the above animal and have the authority to execute this consent. I hereby consent and authorize the performance of the above named procedure(s) or surgery(s). I also authorize the use of appropriate anesthetics, and other medications as deemed necessary by the veterinarian. I have been advised as to the nature of the procedure(s) or surgery(s) and the risks involved. I understand the above anesthetic and surgical, diagnostic or therapeutic procedures may involve risk of complications, injury or even death, from both known and unknown causes and no warranty or guarantee has been either expressed or implied as to result or cure.

I authorize and direct the veterinarians and/or their assistants to provide additional services for the patient as they may deem reasonable and necessary, including but not limited to: the administration of anesthesia; the performance of a surgery or procedure different from those set forth above; or the performance of services involving pathology, radiology, lab and/or other diagnostic testing. Furthermore, I authorize the hospital staff in an emergency situation, to follow through with such procedures as are necessary for the wellbeing of my pet on a continuing basis until further communication with me. I agree to assume financial responsibility for all routine and emergency services rendered.

Your signature below constitutes your acknowledgement that (i) you have read and agreed to the above, (ii) the procedure(s) have been explained to your satisfaction and that you have all the information that you desire, (iii) you have had the chance to ask questions, and (iv) you authorize and consent to the performance of the procedure(s) and to the administration of anesthesia.

Owner's or Responsible Party's Signature

Date

St Johns Staff Member _____ (Initials)



Preanesthetic Evaluation 1 (less than 3 years) – \$59.00

THE PRESURGICAL EVALUATION #1 INCLUDES:

- Packed cell volume (**measurement for anemia**)
- Total serum protein (**measurement for dehydration**)
- Blood glucose (**screens for diabetes/hypoglycemia**)
- BUN (**determines if kidney function is adequate**)
- Urinalysis strip, urine pH, urine specific gravity (**screens for bladder infection, kidney function, diabetes**)
- Also included for surgical procedures- Blood clotting time (**assess blood clotting**)

Yes, I authorize No, I decline

Preanesthetic Evaluation 2 (3 years or older) – \$129.00

THE PRESURGICAL EVALUATION #2 INCLUDES:

- Complete blood count - (**measurement for anemia, inflammatory cells and adequate platelet count**)
- Complete Organ Chemistry Screen –
 - Blood glucose (**screens for diabetes/hypoglycemia**)
 - Blood urea nitrogen & creatinine (**determines if kidney function is adequate**)
 - ALT, ALP, total bilirubin (**assesses liver function**)
 - Total protein, albumin (**screens for liver disease, hydration, intestinal disease**)
 - Globulins (**screens for inflammation**)
 - Amylase (**assesses pancreas function**)
 - Calcium & phosphorus (**screens for parathyroid disease, kidney disease**)
 - Sodium & potassium (**measures electrolytes**)
- Complete Urinalysis (**screens for bladder infection, kidney function, diabetes**)
- Also included for surgical procedures- Blood clotting time (**assess blood clotting**)

Yes, I authorize No, I decline

Electrocardiogram – \$75.00

Prior to anesthesia, we recommend an ECG to **screen your pet's heart for abnormalities** in:

- **rate**
- **rhythm**
- **electrical conduction**
- **cardiac enlargement**

The ECG is transmitted via telephone line to a **board certified cardiologist** who will give an approval for anesthesia and suggest anesthetic regimens based on the ECG findings.

Yes, I authorize No, I decline
