Chappelle Small Animal Hospital
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Anesthesia/Surgery/Dental Consent Form

Owner's Name__
Animal's Name _____ **Age**: _____ **Sex**: _____ **Breed:** _____
Species: _____

I hereby authorize Dr. _____ and whomever he/she may designate as their assistants to perform the following procedure(s) or operations: _____

It has been explained to me that conditions may arise during this procedure whereby a different procedure or an additional procedure may need to be performed, and I authorize the veterinarian to do what he/she feels is needed and necessary.

I have been advised as to the nature of the procedure and the risks involved. I understand that complications including but not limited to infection, cardiac arrest, and death could result. I acknowledge that no guarantee has been made as to result or cure.

Client authorizes:

Life Saving Care (CPR) _____ (initial)

OR

Do Not Resuscitate (DNR) _____ (initial).

I understand my pet may be unattended between the hours of 10 p.m. and 7 a.m. if an overnight stay is required or recommended. I am aware that I can have my pet transferred if I do not feel comfortable with them staying overnight unattended (an extra cost may incur).

Pre-Anesthetic Blood Testing:

Like you, our greatest concern is the well-being of your pet. Before putting your pet under anesthesia, we will perform a physical examination. However, many conditions, including disorders of the liver, kidneys, and blood, may not be determined unless blood testing is performed. Such tests are especially important before anesthesia.

For these reasons, we strongly recommend that all patients receive a blood screen before such procedures. Please discuss current cost with the surgery technician.

_____ **YES**, I want my pet to have a blood screen prior to anesthetic administration.

_____ **NO**, I decline this blood screen and have been informed of the risk involved to my pet's health in doing so.

Laser Surgery Option

In our effort to provide your pet with the latest in technology, we are now using a surgical laser instrument. A powerful beam of light makes incisions, cauterizes blood vessels, seals nerve endings and seals lymph vessels. This technology makes surgery easier on your pet by:

-- Decreasing Pain -- Decreasing Bleeding -- Decreasing Swelling -- Faster Healing

Because this instrument is far superior to the use of traditional scalpel blades and electrocautery, we advocate use in almost every surgery. The estimated additional cost of employing the laser for this procedure is: **$50.00 (Canine neuter) $75.00 (Canine/Feline spay)**

_____ **YES**, if applicable, I would like to have the doctor use the laser for my pet's surgery.

_____ **NO**, I decline the use of the laser.

Extractions:

Teeth that are infected or diseased can cause considerable pain and are a source of infection that can damage other parts of the body including the liver, kidneys, lungs and heart. During dental cleaning all teeth are scaled, polished and evaluated. If they are found to be diseased (often through X-ray or probing), they may need to be extracted or the pet may need to be referred to a dental specialist for repair. The cost of extractions depends on the time and difficulty of the extraction. We are more than happy to prepare an estimate for you.

I authorize all medically necessary extractions be performed. _____

I authorize all medically necessary extractions up to $ _____ (cost of extractions only).

I prefer to be called before any extractions are performed. If I cannot be reached, I authorize you to proceed with all necessary dental procedures. _____

If I cannot be contacted by phone, I DO NOT authorize any extractions to be performed. I understand that extractions in the future may require my pet to be anesthetized again. _____

I would prefer to see a dental specialist at another date for further treatment to prevent the need for extraction (this will likely include anesthesia). _____

Pain Management:

While undergoing surgery, your pet will receive anesthetic drugs that prevent pain. These enable us to safely and effectively control the level of your pet's discomfort. Medication will be dispensed after the surgery, for use in their recovery at home. Since we care about your pet's comfort and strongly believe that pain relief is important, we advocate pain management.

I have received an estimate and understand what the cost of the procedure may come to.

_____ **YES**, I would like an estimate for this procedure.

OR

_____ **NO**, I decline an estimate for this procedure.

Owner's Printed Name:_____ **Signature:** _____

Best Daytime Phone Number: _____ **Date:** _____