



**Anesthesia Consent Form**

Owner \_\_\_\_\_ Pet's Name \_\_\_\_\_  
Breed \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Weight \_\_\_\_\_  
Phone number(s) where you can be reached today in case of  
emergency: \_\_\_\_\_  
Procedure(s) \_\_\_\_\_

**PET HISTORY**

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Was your pet last vaccinated at our hospital? If not, where? _____       |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your pet ever had any seizures?                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your pet had any vomiting, coughing, or diarrhea in the last 7 days? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your pet had ANY illness or injury in the last 7 days?               |
| <input type="checkbox"/> | <input type="checkbox"/> | Is your pet allergic to any drugs?                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your pet eat this morning?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Is your pet currently on heartworm prevention?                           |
| <input type="checkbox"/> | <input type="checkbox"/> | Is your pet taking any medications?                                      |
|                          |                          | If yes, what medications and when were last doses given? _____           |

**PRE-ANESTHETIC LABWORK**

Whenever an animal undergoes anesthesia and/or surgery, some risk is involved. The amount of risk depends on many factors, including age, physical condition and condition of organ systems (i.e. heart, kidneys, liver, etc.). Anesthetic risks can be greatly reduced with prior knowledge of existing problems. Therefore, it is our policy that all pets undergoing anesthesia be evaluated with a physical exam and labwork prior to anesthesia.

**ELECTIVE PROCEDURES**

Yes  No  **Microchip Identification:** The microchip is a permanent means of identification for your pet. A microchip approximately the size of a grain of rice can be injected under the skin of your pet. If your pet is ever lost, stolen, or injured, a scanner will be able to detect your pet's ID number and you will be contacted.

Yes  No  **Fluoride treatment:** We recommend all pets under anesthesia receive a 5 minute fluoride treatment for their teeth to delay the progress of periodontal disease. For pets having dental cleanings performed today, this is already included in the dental package price.

Yes  No  **Ear Cleaning:** Sometimes the simplest ear cleaning can be difficult, so let us clean the ears while your pet is under anesthesia.

Yes  No  **Nail Trims:** Routine anesthetic procedures are an ideal time for nails to be trimmed.

**OWNER CONSENT:**

I understand that general anesthesia and/or surgery carry with them inherent risks, including infection, cardiac arrest, and death. I authorize the use of appropriate anesthetics and other medications to be used, as the veterinarian deems necessary during the procedure. I understand that some risk always exists with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending doctor before the procedure. In the event that complications arise, I do not hold Dogwood Veterinary Hospital & Pet Resort, its staff, doctors, or agents, liable or responsible. I realize that results cannot be guaranteed, and payment of service is due at the time they are performed. All charges including vaccines and surgery costs shall be paid in full when my pet is released from the hospital. I am the owner or agent of the above-described animal and have the authority to execute this consent. I hereby consent and authorize the performance of the above procedure(s) or operation(s).

AFTER CAREFULLY READING THE ABOVE, I HAVE SIGNED IN AGREEMENT.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_