

# Consent for Anesthesia

**Owner:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

**Patient:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Age:** \_\_\_\_\_

Date of last blood panel: \_\_\_\_\_

**Procedure to be performed:**

**Additional services you would like performed for your pet today:**

- |   |   |
|---|---|
| <input type="checkbox"/> Nail trim (courtesy)     | <input type="checkbox"/> Microchip            |
| <input type="checkbox"/> Anal gland expression    | <input type="checkbox"/> Preliminary hip xray |
| <input type="checkbox"/> Hygiene trim/potty patch | <input type="checkbox"/> Other: _____         |

Laser: The use of a laser during surgery reduces bleeding, inflammation, and pain, speeds healing time, and reduces risk of infection. Laser surgery can be beneficial in most surgical procedures.

**For patients undergoing dental cleaning:** Many dental problems cannot be seen until your pet is under anesthesia. Please advise us on how to proceed if we find a something of concern:

- I authorize Dr. Jodi Reed to perform radiographs, minor extractions and oral surgery as needed. I authorize up to \$\_\_\_\_\_ in additional services.
- Please call me first, but proceed with radiographs or extractions if I am not available. I authorize up to \$\_\_\_\_\_ in additional services.
- Call me first. I understand that if I cannot be reached by phone within **5 minutes**, additional procedures will not be performed on my pet, and must be rescheduled in the future.

**Phone number(s) where I can be reached today:** \_\_\_\_\_ or \_\_\_\_\_

**I authorize \_\_\_\_\_ to pick up my pet on my behalf.**

I authorize anesthesia and the procedure(s) described above for my pet. The nature and risks of this procedure have been explained to me. I understand that some risk exists with anesthesia and I have discussed any concerns associated with these risks with Dr. Reed or her staff before the procedure(s) started. My signature on this consent form indicates that all questions have been answered to my satisfaction. I authorize Dr. Jodi Reed to perform any additional diagnostics, treatments, or surgical procedures deemed necessary for medical or surgical complications and any unforeseen circumstances that may occur. While Harmony Animal Hospital provides the highest quality of anesthesia monitoring and surgical services, I understand the risks and understand that the veterinarian and hospital team will do everything possible to reduce these risks. I will not hold Harmony Animal Hospital, the veterinarians, or any team member liable for any complications that may arise.

**I HAVE READ AND FULLY UNDERSTAND THIS SURGERY AND ANESTHESIA CONSENT FORM**

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Items left with pet: \_\_\_\_\_

Expected Discharge time: \_\_\_\_\_ Admitting Technician: \_\_\_\_\_