



HARMONY
Animal Hospital

Your *other*
family doctor.

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:

____ Nail trim (courtesy)

____ Preliminary hip xray

____ Microchip

____ Hygiene trim/potty patch

____ Anal gland expression

____ Other: _____

____ Laser: The use of a laser during surgery reduces bleeding, inflammation, pain and the risk of infection. It also speeds healing time and is 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 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) I can be reached at 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(s) have been explained to me. I understand that some risk exists with anesthesia and I have discussed any concerns associated with these risks with the veterinarians of Harmony Animal Hospital and their staff before the procedure(s) started. My signature on this consent form indicates that all questions have been answered to my satisfaction. I authorize the veterinarians of Harmony Animal Hospital 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 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.

Please understand that we may NOT contact you regarding the status of your pet prior to 4:30pm unless there is medical emergency. In the case of a medical emergency, we will contact you immediately.

Client Signature

Date

Items left with pet

Expected Discharge time Admitting Technician