



# Hunt Valley Animal Hospital

## Hospitalization, Surgery and Anesthesia Consent Form

Client's name \_\_\_\_\_ Pet's name \_\_\_\_\_

Anesthetic, surgical and/or treatment procedure(s) to be performed: \_\_\_\_\_

### Hospitalization/Surgical Information

**Preparation**—The skin around the surgical area will be clipped and scrubbed with an antiseptic. We follow sterile procedures (surgical preparation, surgical packs, and surgical attire).

**Anesthesia**—Pre-surgical blood work and physical examination will enable us to assess and minimize the risk of anesthesia for your pet.

**Monitoring**—We further minimize anesthetic risk by monitoring heart rate and rhythm, respiration rate and quality, blood pressure, oxygenation, and depth of anesthesia during the procedure.

**Catheterization**—For most surgical procedures, an intravenous catheter is placed to provide us with an easy route to administer medications and fluids (which support kidney function and blood pressure) during the procedure.

**Pain Management**—We will proactively manage pain associated with any procedure with appropriate pain management medications. As with any drug, side effects may be associated with their administration.

**Pre-operative Electrocardiogram**—We highly recommend an electrocardiogram (EKG) be performed prior to anesthesia to screen for any underlying cardiac issues. There is an additional fee of \$32.00 for this test. Please indicate your choice and initial the following: **I DO** want an EKG performed on my pet \_\_\_\_\_

**I DO NOT** want an EKG performed on my pet \_\_\_\_\_ Initials \_\_\_\_\_

### Authorization and Risk Assessment

I authorize anesthesia/surgery/treatment for my pet. The nature and risks of the procedure(s) have been explained to me. I understand that some risks always exist with anesthesia, surgery and/or certain treatments, and I am encouraged to discuss any concerns I have about those risks with my veterinarian before the procedure(s) are initiated. My signature on this consent form indicates that any questions have been answered to my satisfaction.

I authorize Hunt Valley Animal Hospital to perform any additional diagnostic, treatment or surgical procedure(s) deemed necessary for medical or surgical complications or otherwise unforeseen circumstances. While Hunt Valley Animal Hospital provides the highest quality of anesthesia monitoring and surgical services, I understand that there are rare complications associated with any anesthetic or surgical procedure. No warranty or guarantee has been given to me as to the results or cure afforded by these treatments or procedures.

I fully understand these risks and understand that the veterinarians and hospital staff will try to minimize such risks. I will not hold Hunt Valley Animal Hospital, the veterinarians, or any staff member liable for any complications that may arise.

### I HAVE READ AND FULLY UNDERSTAND THIS SURGERY AND ANESTHESIA CONSENT FORM.

I have not given my pet any food or water after 10 pm on the night before the procedure, unless otherwise advised by my doctor. I understand that this is important for anesthesia safety.

\_\_\_\_\_  
Signature of Pet Owner or Agent

\_\_\_\_\_  
Date

Phone numbers where I may be reached today: 1. (\_\_\_\_\_) \_\_\_\_\_ 2. (\_\_\_\_\_) \_\_\_\_\_

# Anesthesia Admitting Form

## History:

Has there been any change in the weight or activity level?	Yes___ No___
Has there been any change in appetite recently?	Yes___ No___
Has there been any blood in the stool or change in consistency?	Yes___ No___
Has there been any vomiting?	Yes___ No___
Has there been a change in water consumption or urine output?	Yes___ No___
Has there been any coughing or sneezing?	Yes___ No___
Has there been any evidence of lameness?	Yes___ No___
Has your pet ever had a seizure?	Yes___ No___
Have any medications, aspirin, or treatments been administered recently?	Yes___ No___
Have there ever been any adverse reactions to medications?	Yes___ No___
Has your pet ever had a problem with anesthesia?	Yes___ No___

When was the last feeding?.....When was water removed?.....

If your pet requires medicines to go home, do you prefer pills or liquid medication?.....

Please check any additional services you would like performed, at an additional charge, while your pet is under anesthesia:

___ Dental cleaning	___ Clean ears	___ Trim nails
___ Vaccines	___ Microchip	___ Express anal glands
___ Other _____		

## **Comments:**

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