

Anesthesia/Surgical Consent

Owner's Name:

Address:

Home #: _____ Work #: _____ Cell #: _____

Pet's Name: _____ Breed: _____

I am the owner or authorized agent for the above named animal and have the authority to execute this consent. I hereby consent to and authorize the performance of the following procedure(s) and/or operation(s):

If orthopedic procedure: Side of surgery: _____ Left _____ Right

I understand that during the performance of the above noted procedures and/or operations, unforeseen conditions may be revealed that necessitate an extension of said procedures and/or operations or a different procedure and/or operation than those described above. I hereby consent to, and authorize the performance of any such procedure and/or operation deemed necessary and desirable in the opinion of the attending veterinarian(s). I also authorize the use of anesthetics and other medications and I understand that the hospital support staff will be employed as deemed needed by the veterinarian(s) throughout the care and treatment of the above identified animal. Further, I have been fully advised of the nature of the procedure(s) and/or operation(s) and the risks involved. I realize that results can not be guaranteed. I have read and understand this authorization and consent.

Signature of Owner or Authorized Agent Date

Telephone numbers where you can be reached while your pet is under our care MUST be provided.

#1 _____ #2 _____

- 1) A pre-operative laboratory profile must be current. Blood, etc. done within 4 weeks of surgery is acceptable. If no previous lab profile has been done, it must be drawn a minimum of 4 working days prior to surgery.
- 2) Intravenous catheters are placed the day of surgery.
- 3) Specific radiographs may be necessary prior to scheduled surgery and may also require sedation or anesthesia.
- 4) A deposit of 50% is required a minimum of 7 working days prior to scheduled surgery and is assumed when the surgery is scheduled. Failure to leave a deposit will result in an automatic cancelation of the procedure.
- 5) If cancellation is necessary, Hunt Valley Animal Hospital must be notified during business hours at least 3 working days (not including Saturday and Sunday) prior to the scheduled surgery or the deposit is nonrefundable.
- 6) In some circumstances, it may be necessary to admit your pet into the hospital the day before the surgery.