
Anesthesia/Surgery Consent Form

Client ID:
Client Name:
Address:

Patient ID:
Name:
Species:
Breed:
Sex:
Color:
Markings:
Birth Date:

Telephone:

2nd phone #:

I am the owner or agent of the owner of the above-described animal and have the authority to execute this consent. I hereby authorize Brookstone Animal Hospital, to perform the following procedure(s) or operation(s).

Anesthetic and surgical procedures to be performed:

Previous Anesthesia Complications?

Time of last meal

List any medication(s) and/or supplements, as well as instructions, that your pet is currently taking.

Name of medication(s)	How are you giving at home?	Date last given	Time last given
1)			
2)			
3)			
4)			

May we use your animal's picture on our website and/or in our social media sites? ☐ Yes ☐ No

Intravenous Catheter:

All patients undergoing general anesthesia will have an intravenous catheter (IV catheter) placed and will receive IV fluids during all surgical and/or dental procedures. This helps to minimize the risk of general anesthesia and to provide us direct IV access in the case of an emergency.

I understand that placement of an intravenous catheter is required, and I am responsible for the cost. I do hereby allow Brookstone Animal Hospital to place an IV catheter and to provide IV fluids during the surgery & administer medications if needed.

Owner Initials: _____

Pre-Anesthetic Lab work:

Your pet will be undergoing sedation or general anesthesia plus a surgical and/or dental procedure today. In order to recognize any underlying abnormalities your pet may have, we are doing a pre-anesthetic blood profile run on your animal. This consists of a CBC, which will check blood cells, small chemistry panel, which will check blood glucose, kidney and liver enzymes and electrolyte levels.

These blood tests will help us to assess the health status of your pet more completely and determine if there are any additional precautions we need to take before surgery. If your pet has had bloodwork in the past 60 days, we will not need to repeat blood tests today. We hope you understand the need for these important tests.

I understand that if an unforeseen problem becomes apparent on the bloodwork, surgery may not be performed at this time.

Owner Initials: _____

Microchip

To offer permanent identification and help assist in your pet's safe return in the event he/she becomes lost, Brookstone Animal Hospital offers microchip implantation at the time of surgery. While your animal is under anesthesia, the chip, which is the size of a grain of rice, can be inserted under the skin between the shoulder blades. Each chip has an individual identification that will serve as a permanent ID for your pet. Shelters, vets, and rescue teams nationwide scan for microchips in all unidentified animals, and can call a 24hr hotline when a chip number is found.

- ☐ Yes, Insert Microchip
☐ My pet already has a microchip; ID#
☐ No, please do not microchip my pet

Therapeutic K-Laser

The therapeutic laser can be used to help increase blood flow, oxygen and energy. This allows for quicker healing time and less inflammation/pain while your pet is recovering.

- ☐ Yes, please do a laser treatment on my pet ***Not done with growth removals***
☐ No, please do NOT use the laser on my pet

If yes....

Is your pet on any immunosuppressive medication?

☐ No

☐ Yes, Which one?

Is your pet pregnant?

☐ No

☐ Yes

Does your pet have a pacemaker?

☐ No

☐ Yes

Does your pet have any history of cancer?

☐ No

☐ Yes

Does your pet have any history of a bleeding disorder?

☐ No

☐ Yes

Tattoo with Spay or Neuter

If your pet is getting spayed or neutered we recommend placing a small green tattoo near the incision to identify it has been fixed. This procedure is non painful and free of charge.

- ☐ Yes, tattoo my pet
☐ No, please do not tattoo my pet
☐ N/A

Pregnancy with Spay

If your pet is found to be pregnant while it is in surgery for a spay, would you like us to?...

- ☐ Go ahead with spay
☐ Forego the spay. You will still be responsible for the cost of anesthesia and surgical supplies.
☐ Call you before making decision. You will have 10 minutes to call back. If we do not hear back from you, we will forego the spay.
☐ N/A

I understand that some risks always exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about these risks with the attending doctor before the procedure(s) is/are initiated. I understand that during the performance of the foregoing procedure(s) or operation(s), unseen conditions may be revealed that necessitate an extension of the foregoing procedure(s) or operation(s) that are set forth above. Therefore, I hereby consent to and authorize the performance of such procedure(s) or operation(s) as are necessary and desirable in the exercise of the veterinarian's professional judgment. I also authorize the use of appropriate anesthetics and other medications, and I understand that hospital support personnel will be employed as deemed necessary by the veterinarian.

I have been advised as to the nature of the procedures or operations and the risks involved, including the possibility of death. I realize that no guarantee can be made legally or ethically to me regarding the outcome of any procedure performed. I have carefully read and do fully understand this authorization and consent.

Client Signature: _____ Date: _____

CONSENT FOR CPR

I understand that my above pet is undergoing general anesthesia. I have been informed that during this advanced treatment, life-threatening complications such as respiratory and/or cardiac arrest may occur requiring cardiopulmonary resuscitation (CPR). If my pet stops breathing or its heart stops beating, I realize even the most successful CPR may not restore him/her to good mental and physical health. I am aware that the practice of veterinary medicine is not an exact science and, thus, there are no guarantees for successful treatment. Despite the limited likelihood of success from CPR treatment, by checking one of the following choices, I hereby request:

☐ Yes, perform CPR on my pet if the doctor deems it necessary (\$100 service charge)

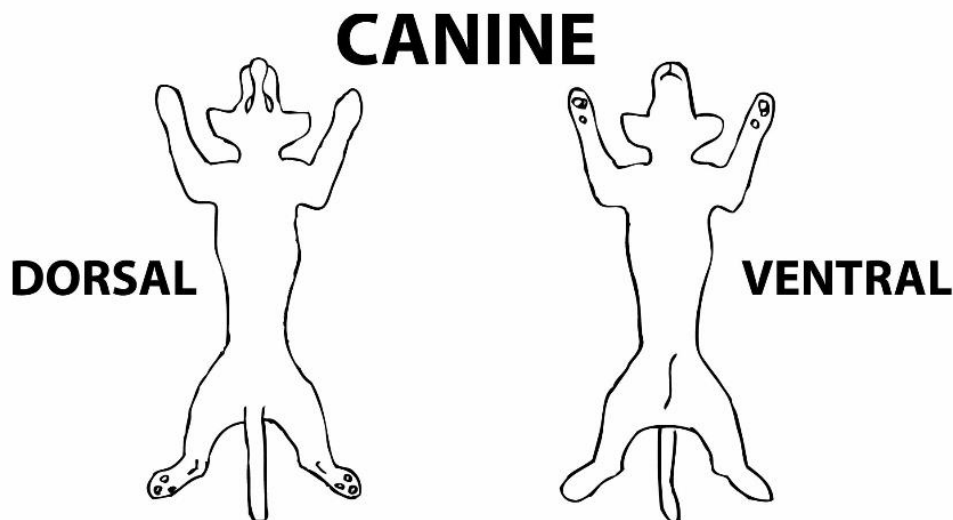
☐ No, do not attempt to resuscitate my pet

I accept that if hospital staff members are unable to reach me within 20 minutes after the initiation of CPR, and after administering reasonable treatment and there appears to be virtually no hope for medical success, CPR will be withdrawn and my pet will be humanely euthanized. I am providing the hospital with phone numbers at the top of this form at which I can be reached in the event of a decline in my pet's condition.

Client Signature: _____ Date: _____

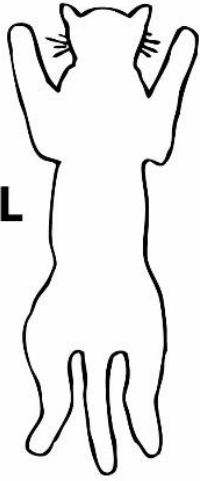
Mass Removal:

If your pet is getting any growths or bumps removed today, **please mark all the growths you want removed on the diagram below:**

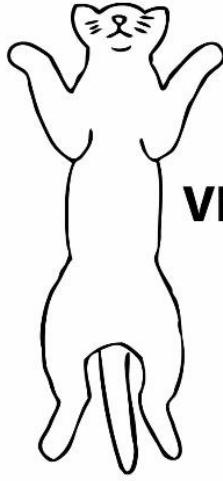


FELINE

DORSAL



VENTRAL



Owner Initials: