

Hanging Rock Animal Hospital

Anesthetic/Sedation/Surgical Consent Form

To make anesthesia as safe as possible HRAH provides the following measures for all surgical patients:

- **Pre-anesthetic bloodwork** – This allows us to select the safest anesthetics for your pet based on their liver and kidney function as well as screen for diabetes and other diseases. These tests can also indicate the presence of anemia, inflammation, stress, or the inability to fight infection. Low platelets can lead to a potentially serious problem such as bleeding during or after surgery.
- **IV Catheter and Fluids** – An intravenous catheter placed prior to surgery allows us to immediately give medications in case of an emergency. We can also give other medications through the catheter without your pet feeling the injection. Giving fluids during surgery allows us to better control blood pressure and body temperature as well as maintain proper hydration. *(Not with feline neuters.)*
- **Pain Management** – We want to minimize any discomfort our patients feel after a procedure. In-hospital and at-home medications will help prevent any immediate post-surgical discomfort.

In order to protect your pet and our other patients, all animals in the hospital must be current on rabies and distemper vaccines and have a negative fecal exam within the past year. They must also be free of external parasites. Your pet will be updated/treated, if necessary, during their stay at an additional expense.

While under anesthesia it is an opportune time to perform other important procedures.

I authorize the following: (please indicate your preferences below by circling your response)

- YES NO **Microchip – permanent ID if your pet is ever displaced due to disaster, lost or stolen** \$ ____
- YES NO **Therapeutic Laser treatment – to speed healing, decrease inflammation, & prevent pain** \$ ____
- YES NO Pelvic Radiographs – screens for hip dysplasia (especially large or at risk breeds) \$ ____
- YES NO Extraction of “baby teeth”/dental radiographs (especially small breeds) \$ ____
- YES NO Dental Cleaning/dental radiographs – ultrasonically removes tarter and polishes \$ ____
- Spay - If pregnant or in-heat would you like us to continue? ____ Yes (add'l charges) ____ No
- Neuter - If undescended testicles would you like us to continue? ____ Yes (add'l charges) ____ No

I understand that during the procedures prescribed below unforeseen conditions may arise that necessitate additional measures be taken to ensure the health of my pet. If I am unable to be reached at the emergency contact number below, I authorize Hanging Rock Animal Hospital to do what is deemed medically necessary by the veterinarian and any additional expenses. I understand that payment is due when services are rendered and assume financial responsibility for all services.

I understand there are inherent risks associated with anesthesia and medical procedures and realize that results can not be guaranteed. I, being responsible for the above animal, grant consent for Hanging Rock Animal Hospital to perform the following procedures on my pet while under general anesthesia: _____

(Please see treatment plan for a detailed account of procedure and associated costs)

Signature (Owner or Authorized Agent)

Emergency Contact Number
(where you can be reached today)

Date

Doesn't your pet deserve the very best...