

Animal Medical Center of Garner, PC

Surgery-Anesthesia Consent Form

Client Name: _____ Patient Name: _____

Breed: _____ Color: _____ Age: _____

Type of surgery/ procedure your pet is scheduled for today _____

While my pet is under anesthesia, I would like a Home Again Microchip implanted. Yes No

Phone Number _____ where we may contact you today.

Has your pet eaten within the last 12 hours? Yes No

If yes, what food and how much? _____

- We highly recommend a *pre-anesthetic blood panel* prior to administering any anesthesia to test your pet's ability to metabolize and eliminate the anesthetic. ***If your pet is over 7 years of age, blood work is required.***
_____ Yes, please perform the recommended blood panel at an additional charge.
_____ No, I choose to decline any type of blood screening and I have been informed of the risks involved to my pet's health.

- We highly recommend *intravenous (IV) fluid* therapy during the surgical procedure.
_____ Yes, please administer the IV fluids during the surgical procedure at an additional charge.
_____ No, I choose to decline the IV fluids and I have been informed of the risks involved to my pet's health.

- We highly recommend a prescription of *pain relievers* as a very effective way to limit your pet's discomfort. We care about your pet's comfort and strongly believe that pain management is very important.
_____ Yes, I want my pet to have pain medication after surgery.
_____ Yes, I want my pet to have additional pain medication to go home after surgery.
_____ No, I choose to decline any pain medications for my pet.

- We highly recommend a FELV/FIV/HW test for our **feline** patients prior to anesthesia/surgery
_____ Yes, please perform the recommended blood test at an additional charge.
_____ No, I choose to decline this blood test and I have been informed of the risks involved to my cat's health.

I hereby consent and authorize the above stated procedure(s) to be performed. I understand that during the said procedure(s) unforeseen conditions may arise. I have been advised as to the nature of the procedure(s) and risks involved. I understand that complications including, but not limited to infection, cardiac arrest and death could result. I acknowledge that no guarantee has been made as to a result or cure. I agree to pay my balance in full upon discharge of my pet. I understand that the law requires the rabies vaccine to be current for my pet. ***I authorize AMC of Garner to vaccinate my pet during his/her stay at an additional cost if I cannot provide proof of a rabies vaccine.***

I have read and understand this authorization consent form.

Signature of owner/authorized agent

Date