

**RIVER ROAD ANIMAL HOSPITAL
ANESTHESIA/SURGERY/TREATMENT CONSENT FORM**

Owner's Name: _____

Where can we reach you today?

Pet's Name: _____

Home Work Cell

Procedure: _____

I understand that in performing the above procedure or procedure my pet will receive a general anesthetic. I understand that some risk of injury or death always exists with anesthesia and/or surgery, and I am encouraged to discuss any concerns I have about those risks with my veterinarian before the procedure is initiated.

We require pre-anesthetic blood tests be performed prior to the administration of anesthesia. These tests can help us detect conditions that can contribute to complications with anesthesia (e.g., dehydration, diabetes, kidney/liver disease)

The cost for bloodwork in animals less than 7 years is \$41.00

The cost for bloodwork in animals greater than 7 years is \$58.00

Your pet has the same type of nervous system as we do and will perceive pain in a similar way, but cannot express pain the same way we do. We require all animals undergoing surgery to receive pain medication. The cost for pre- and postoperative medication and medication to go home is approximately \$45.00.

We require an intravenous catheter on all animals during surgery/anesthesia. This allows us to maintain blood pressure during the procedure and provide access for medications in case of an emergency. The cost of the catheter is \$35. Fluid therapy is at the discretion of the veterinarian. If required, the cost is \$15.

If your pet is here for dental prophylaxis, please choose the appropriate below concerning extractions:

_____ I give permission for the doctor to perform extractions as needed

_____ Please call me to discuss extractions before performing procedure (note: please leave a number where we will definitely be able to reach you all day as you pet will be under anesthesia at this time: _____)

If your pet is here for a spay and pregnancy is suspected:

_____ Perform the surgery _____ Please call to discuss

Please answer the following questions about your pet's history and present health:

1. Was your pet held off food and water as directed? _____
2. Is your pet currently taking any medications? List _____
3. Has your pet ever had any adverse reactions to any type of anesthesia or tranquilizer?

4. Is your pet in heat or pregnant? _____

5. Is your pet currently (within last 2 weeks) experiencing any signs of illness?

6. Is there anything else you would like performed while your pet is in our care?

_____ Clean and polish teeth if needed (~\$115.00)

_____ Bath (\$15-20)

_____ Apply Advantage/Frontline/K-9 Advantix/Revolution

_____ Trim toenails (\$6.00)

_____ Clean and flush ears (\$10.00)

_____ Microchip (\$49.99)

_____ Assess for hip dysplasia / X-Ray hips (\$115)

I verify that I am the owner (or authorized agent) of the above named animal and authorize the above procedures to be performed. Should unexpected life-saving emergency care be required, the staff at River Road Animal Hospital has my permission to provide treatment and I agree that I am responsible for any and all charges incurred while my pet is in the care of this facility. I understand that payment is due at the time my pet is released from the hospital.

Authorized signature: _____

Date: _____