Consent For Surgery and/or Anesthesia



Breed: Color: Phone Number: Age: In Patient Questionnaire: Age: Last food given the patient (time): Last water given (time): Up to date on vaccinations? Yes No Up to date on parasite prevention? Yes No If yes, please explain If yes, please explain List pet's past surgeries: Has your pet had any previous reactions to anesthesia? Yes No If yes, please explain If yes, please explain	Date:	Procedure:	
Breed: Color: Phone Number: Age: In Patient Questionnaire: Age: Last food given the patient (time): Last water given (time): Up to date on vaccinations? Yes No Does your pet show any signs of illness? Yes No If yes, please explain Is your pet taking any medication? Yes No If yes, please explain Is pet's past surgeries:	Owner:	Pets Name:	
Phone Number:	Address:	Species:	_ Sex:
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List pet's past surgeries:	If yes, please explain		
If yes, please explain			
	Has your pet had any previous reactions to anesth	nesia? Yes No	
List any behavioral concerns (biting, timidness, needing special handling, etc.):	If yes, please explain		
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List any belongings left with pet (Gooding Veterinary Clinic is not responsible for any lost items):

Pre-Anesthetic Bloodwork:

In order to reduce risk of anesthesia as much as possible Gooding Veterinary Clinic <u>highly recommends</u> pre-anesthetic blood work for <u>all</u> patients. These blood tests let us check for underlying problems that may increase risk of complications under anesthesia or change our treatment protocols. Blood tests do not show us everything but they let us know the major organs like the kidneys, liver, and blood cells are healthy and can tolerate the low blood pressure associated with anesthesia as well as process all the medications associated with anesthesia and surgery.

Yes, I want my pet to have pre-anesthetic blood work. Please circle below:General Profile (tests more organs) \$120Pre-op Profile (tests fewer organs) \$80

No, I do not want my pet to have pre-anesthetic blood work and <u>I understand this</u> may increase their risk of complications under anesthesia.

Yes, I do want my pet to have anti-nausea medication (that also has mild pain relief) before surgery. This will reduce reflux, protect the esophagus and lungs, and improve appetite after anesthesia for 24 hours resulting in a quicker recovery for most pets. < 50lbs \$20 >50lbs \$35

No, I do not want my pet to have relief from nausea and <u>I understand they may not recover as</u> <u>quickly as if they had received this medication.</u>

I verify I am the owner (or Authorized agent for the owner) of the above-named pet and authorize the above procedure to be performed. I authorize the use of anesthesia and other medication as deemed necessary by the veterinarian and understand that hospital personnel will be employed in the procedure(s) as directed by the veterinarian. I have been advised as to the nature of this procedure to be performed and the risks involved. I understand also that there is always a risk associated with any anesthesia episode, even in apparently healthy animals *and have discussed my concerns with the veterinarian*. I understand that it may be necessary to provide medical and/or surgical procedures which are not anticipated for the safety or care of my pet. I hereby consent to and authorize the performance of such altered and/or additional procedures as are necessary in the veterinarian's professional judgement. I accept responsibility for any result in additional charges. I agree to be responsible for any charges incurred while my pet is in the care of this facility and understand payment is due at the time my pet is released from the hospital. I understand no staff will be attending to my pet overnight (pets needing special care may be referred to a 24 hour hospital).

Media Release: I grant permission to Gooding Veterinary Clinic and its employees the irrevocable and unrestricted right to reproduce the photographs and/or video images taken of me and/or my pet(s) for the purpose of publication, promotion, illustration, advertising, or trade, in any manner or in any medium. I hereby release Gooding Veterinary Clinic and its legal representatives for all claims and liability relating to said images or video. I waive my right to any compensation.

Signature:

Phone number you can be EASILY REACHED at <u>all day</u> today:_____

Emergency Contact and Phone Number: