



# Wayne Veterinary Hospital PA



## Planned Anesthesia Consent Form

Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Pet's Name: \_\_\_\_\_  Dog  Cat  Other: \_\_\_\_\_

Preferred Contact #: \_\_\_\_\_ Reason for Sedation/Anesthesia: \_\_\_\_\_

Did your pet eat this morning?  Yes  No

Did your pet take any medications this morning?  Yes  No If yes please list medications and times given:

\_\_\_\_\_

Would you like us to implant a microchip in your pet while it is under anesthesia? (\$52.75)  Yes  No

Do you believe your pet is in heat or pregnant?  Yes  No

Would you like us to trim your pet's nails while it is under anesthesia? (\$18.50)  Yes  No

### Pre-Anesthetic Blood Testing:

For the safety of your pet, we highly recommend blood screening before any anesthetic procedure. This simple test will allow us to catch many underlying health issues including disorders of the liver, kidneys or blood that cannot be seen during a physical examination. This testing can also help us to better manage any post-operative pain your pet may experience.

Unless previously arranged or discussed with a doctor, pre-anesthetic blood testing is **required** for patients greater than seven years old, or for any pet undergoing non-routine surgical procedures.

- Accept - I want my pet to have the pre-anesthetic blood testing. (\$56.50 +)
- Decline - I do not want my pet to have the pre-anesthetic blood testing.
- Already Performed

### For Spay/Neuter Only:

Often during the pre-anesthetic examination, young pets will have one or more deciduous ("baby") teeth that have not properly fallen out of the mouth. Leaving these teeth in the mouth can lead to future dental problems and require additional anesthesia in the future to extract them. We highly recommend removing these teeth at this time:

- Accept - I authorize the doctor to extract retained baby teeth as recommended.
- Decline - I do not authorize the doctor to proceed with recommended extractions.

### Authorization

I understand that during any procedure or operation unforeseen conditions may facilitate the need for additional treatments. Therefore, I hereby consent to and authorize the performance of treatments as deemed necessary in the veterinarian's professional opinion. I authorize the use of appropriate anesthetics and other medications and 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. I realize that results cannot be guaranteed.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_