



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? (\$64.00) 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? (\$27.50) 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 postoperative 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. (\$68.75 +)
- Decline - I do not want my pet to have the pre-anesthetic blood testing.
- Already Performed

For Spay/Neuter Only:

Often during the preanesthetic 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: _____



Wayne Veterinary Hospital PA



Planned Anesthesia Consent Form

_____ (Initial) If my pet suffers respiratory or cardiac arrest, I understand that my pet may or may not respond to CPR or may respond initially and then suffer another arrest later. I understand that my pet may die despite CPR efforts. I understand that if my pet survives because of CPR, he/she may have brain damage. The estimate for initial CPR is a base of \$500. You will be contacted by the doctor as soon as possible following this event and we will decide together on a treatment plan going forward.

YES, I wish the staff of Wayne Veterinary Hospital to perform CPR on my pet.

NO, I DO NOT want CPR performed on my pet. I understand that if my pet stops breathing and/or his/her heart stops beating that my pet will die unless CPR is performed. I elect to have DNR (Do Not Resuscitate) orders placed on my pet's record.

Owner's Signature

Date

Witness Signature

Date