



SURGICAL AND GENERAL ANESTHESIA CONSENT FORM ANIMAL MEDICAL CENTER

904 S Tyler St
Covington, LA 70433
985-893-1616

Owner: _____

Date: _____

Patient: _____

Emergency phone numbers: _____

I hereby consent and authorize the doctor(s) at Animal Medical Center to perform the following procedure(s):

- I authorize the use of professionally accepted general anesthesia to perform this procedure or surgery as deemed necessary by the doctor(s). I understand that support personnel will be used as needed by the veterinarian.
- I have been advised as the nature of the above procedures and the risks involved in performing general anesthesia to the above animal. **I realize that results cannot be guaranteed.** I understand that most medical and surgical procedures are accompanied by some risks (**including death**), especially when anesthesia is used.
- If an emergency arises, I give the doctors and support personnel permission to do whatever they deem necessary to handle the emergency. I expect to be notified of any problems as soon as comfortably possible if they arise.
- I have read and understand this authorization and consent. I further understand that I assume full financial responsibility for all services rendered.
- **My pet was not fed after 12:00 last night (water OK)** Yes No Init _____
- **Known allergies or sensitivities to medication/ anesthetics.** _____

Additional Recommendations:

A thorough physical exam will be performed prior to anesthesia **and a catheter will be placed in the forearm which requires a small shaved area (excluding cat neuters unless requested for an additional cost)**, but certain conditions cannot be diagnosed without further evaluation.

- ❖ **For all patients** we recommend a pre-op cardiovascular screening (Lead II EKG and Blood pressure check, and a pre-op blood chemistry panel.
 - Pre-operative cardiovascular screen (Lead II EKG and blood pressure check) Yes No Init _____
 - Pre-op blood chemistry panel prior to anesthesia Yes No Init _____
- ❖ **For patients over 5 years of age**, we recommend a full comprehensive workup prior to anesthesia/surgery. This includes a CBC/Chemistry/T4, chest X-rays, a full EKG, blood pressure check and a urinalysis.
 - I request a full comprehensive workup as described above for my older pet prior to anesthesia Yes No Init _____
- ❖ **Microchip while anesthetized** Yes No Init _____
- ❖ **I authorize additional pain medication to be given prior to surgery and for home use to decrease and post-operative pain (Price based upon animal weight)** Yes No Init _____

Owner/agent: _____ Date: _____

Witness: _____