

Chappelle Small Animal Hospital

1601 N US Highway 287 • Fort Collins, Colorado 80524 • (970)482-7595

Anesthesia/Surgery Consent Form

Owner's Name _____

Animal's Name _____

Account # _____

Age: ____ yrs. ____ mo. Sex: Male Female

- I hereby authorize Dr. _____ and whomever he/she may designate as their assistants to perform the following procedure(s) or operations: _____
- It has been explained to me that conditions may arise during this procedure whereby a different procedure or an additional procedure may need to be performed, and I authorize the veterinarian to do what he/she feels is needed and necessary.
- I have been advised as to the nature of the procedure and the risks involved. I understand that complications including but not limited to infection, cardiac arrest, and death could result. I acknowledge that no guarantee has been made as to result or cure.
Client authorizes: Life Saving Care (CPR) _____ (initial) or Do Not Resuscitate (DNR) _____ (initial).

- I understand my pet may be unattended between the hours of 10 p.m. and 7 a.m. if an overnight stay is required.

- **Pre-Anesthetic Blood Testing:**

Like you, our greatest concern is the well-being of your pet. Before putting your pet under anesthesia, we will perform a physical examination. However, many conditions, including disorders of the liver, kidneys, and blood, may not be determined unless blood testing is performed. Such tests are especially important before anesthesia.

For these reasons, we strongly recommend that all patients receive a blood screen before such procedures. The total cost of these important tests are \$_____.

YES, I want my pet to have a blood screen prior to anesthetic administration.

NO, I decline this blood screen and have been informed of the risk involved to my pet's health in doing so.

- **Laser Surgery Option**

In our effort to provide your pet with the latest in technology, we are now using a surgical laser instrument. A powerful beam of light makes incisions, cauterizes blood vessels, seals nerve endings and seals lymph vessels. This technology makes surgery easier on your pet by:

-- Decreasing Pain -- Decreasing Bleeding -- Decreasing Swelling -- Faster Healing

Because this instrument is far superior to the use of traditional scalpel blades and electrocautery, we advocate use in almost every surgery. The estimated additional cost of employing the laser for this procedure is:

\$50.00 \$75.00 \$100.00 \$150.00 \$200.00

YES, I would like to have the doctor use the laser for my pet's surgery.

NO, I decline the use of the laser.

- **Pain Management:**

While undergoing surgery, your pet will receive anesthetic drugs that prevent pain. These enable us to safely and effectively control the level of your pet's discomfort. Medication will be dispensed after the surgery, for use in their recovery at home. Since we care about your pet's comfort and strongly believe that pain relief is important, we advocate pain management.

- I have received an estimate and understand what the cost of the procedure may come to.

YES NO – If no, would you like to receive an estimate for today's procedure?

Owner's Signature

Date

Best Daytime Contact

Tech Initials