

# General Anesthetic Consent Form

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Owner's printed name: \_\_\_\_\_ Patient's name: \_\_\_\_\_

Does your pet have any preexisting condition or ailments that we need to be aware of:

\_\_\_\_\_

Procedure(s) to be performed: \_\_\_\_\_

I, the owner or agent of the pet identified above, authorize the staff of Southside Hospital for Animals to perform the procedure(s). While I accept that all procedures will be performed to the best of the abilities of the staff at the hospital, I understand that no guarantee or warranty has been made regarding the results that may be achieved.

I also assume full responsibility for any additional expenses incurred after the surgical procedure is performed, such as follow up radiographs, re-check physical exams and additional surgery due to post-op complications. These are more likely to occur when there is a failure to comply with aftercare instructions.

A complete physical exam will be performed on your pet prior to the procedure(s). However, this may not identify all systemic or metabolic problems. For this reason, our veterinarians strongly recommend a pre-anesthetic bloodwork panel to evaluate major organ functions.

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|--|--|
| <input type="checkbox"/> Approve necessary bloodwork                         | <input type="checkbox"/> Decline all bloodwork |
| <input type="checkbox"/> Send growth out for histopath \$209.05              | <input type="checkbox"/> Decline histopath     |
| <input type="checkbox"/> Scan pet for microchip, if no chip please place one | <input type="checkbox"/> Decline microchip     |
| <input type="checkbox"/> Update any vaccinations needed                      |  |
| <input type="checkbox"/> X-rays  |  |

**DENTAL:** I give my permission for extractions to be performed at the doctor's discretion. I understand that there is an additional charge for extractions on a per tooth basis. **INITIAL** \_\_\_\_\_

I understand that some risk always exists with anesthesia and /or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure(s) are initiated.

I UNDERSTAND THAT THE ATTENDING VETERINARIAN WILL MAKE EVERY EFFORT TO CONTACT ME REGARDING TREATMENT IN THE CASE OF UNFORESEEN EMERGENCIES

IN THE EVENT OF AN EMERGENCY, I SELECT THE FOLLOWING RESUSCITATION OPTIONS

- I GIVE** permission for life sustaining procedures  
 **I DO NOT GIVE** permission for life sustaining procedures- DNR (do not resuscitate)

I have read and fully understand the terms and conditions set forth above.

Emergency phone number: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Would you like to be called  or texted  with an update and pick up time?