**Anesthesia Release and Surgery Consent Form**

Date: \_\_\_\_\_\_\_\_\_\_ Owner/Agent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pet’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As owner/agent of the pet described above, I give my consent to A and E Animal Hospital to perform the following under general anesthesia:

Procedure(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**General Information Regarding Anesthesia/Surgery:** We at A and E Animal Hospital want the best for your pet. Please read the following and initial where appropriate:

**Pre-Anesthetic Bloodwork** – Prior to undergoing any anesthesia, our veterinarians recommend complete bloodwork to ensure that your pet is as healthy as possible. This bloodwork includes a Complete Blood Count (evaluates white blood cells, red blood cells and platelets) and a Comprehensive Chemistry (evaluates kidney, liver, gall bladder and pancreatic enzymes, electrolytes, glucose, protein levels, etc.) This also provides a good baseline for your pet if they become ill in the future. We will call you if any concerns are noted prior to placing your pet under anesthesia. *\*We recommend this bloodwork for ALL patients undergoing anesthesia.\**

**\*We require Pre-Anesthetic Bloodwork for all animals over 8 years of age, and before certain procedures as deemed necessary by our veterinarians.\***

I would like my pet to have Pre-Anesthetic Bloodwork ($147.50) \_\_\_\_\_\_\_\_

I decline my pet having Pre-Anesthetic Bloodwork \_\_\_\_\_\_\_\_

**Anesthesia** – I understand that there are risks with putting my pet under anesthesia and understand that A and E Animal Hospital, its veterinarians and staff will do everything possible to prevent and minimize these risks. \_\_\_\_\_\_\_\_\_

To the best of my knowledge, my pet is healthy and has had no signs of illness including vomiting, diarrhea, coughing, and/or sneezing in the past week. \_\_\_\_\_\_\_\_

Anesthesia can cause nausea and vomiting which can lead to food being aspirated (inhaled) into the lungs. To prevent this, we require fasting. My pet has not had any food since 8PM last night. \_\_\_\_\_\_\_\_

Has your pet ever had complications during a previous procedure or anesthetic event? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Monitoring** – Throughout anesthesia and after, your pet will be closely monitored. Each pet receives a dedicated staff member to monitor them throughout and after their procedure.

**Intravenous Catheter/Fluids** – Some procedures require an IV catheter and fluids while under anesthesia. An IV catheter allows us to administer fluids and medications to your pet before, during and after anesthesia. Fluids help to keep your pets kidneys and other vital organs working appropriately, along with maintaining blood pressure. There will be a small shaved area where the IV catheter is placed.

**Pain Medication** – Pain medications are often given before or during surgical procedures to ensure the comfort of your pet. These medications will be given as deemed necessary by your veterinarian. Additional pain medication may be prescribed for your pet if needed at home.

Is your pet on any pain medications? If yes, when were they last given? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E-collar** – An E-collar may be sent home with your pet based on your veterinarian’s observations and recommendations. If an E-collar is sent home, please leave it on at all times as directed by your veterinarian. E-collars prevent pets from licking and chewing at their sutures which can cause infection and dehiscence (opening of the incision).

Does your pet have a history of licking or chewing at its surgical incisions? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Options**: *We provide complimentary nail trimming while under anesthesia.*

Microchip ($38.50 +$19.99) Fecal Exam ($33.80) Heartworm Test ($55.10) Vaccinations \_\_\_\_\_\_\_\_\_\_\_\_ Histopathology ($99.20)(If optional)

I understand that if fleas or other parasites are noted on my pet, as per hospital policy, an appropriate product will be given immediately at my expense. \_\_\_\_\_\_\_

Please note your pet’s last flea or parasite treatment and when last given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your pet received any medications, supplements or treatments in the last 7 days? \_\_\_\_\_\_\_

If yes, please list all and when last given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Resuscitation** – I understand that there are always risks with anesthesia/surgical procedures, such as bleeding, infection, dehiscence (opening of incision), etc. that could result in the death of my pet. I understand these risks (and those unknown) and know that our veterinarians and staff at A and E Animal Hospital will do everything possible to reduce these risks. I have discussed any concerns/questions with an A and E veterinarian or staff member.

CPR – I consent to emergency life-saving treatment to stabilize my pet if needed prior to being contacted. Once my pet is stabilized, a veterinarian will contact me. If I cannot be reached, the veterinarians and staff have my permission to provide life-saving emergency care and I agree to pay for such care. \_\_\_\_\_\_\_\_

DNR – I do NOT consent to emergency life-saving treatment of my pet. \_\_\_\_\_\_\_­

**Authorization and Risk Assessment** – I have read and fully understand the terms and conditions described above. I certify that I am of eighteen (18) years of age or older and the owner/authorized agent of this pet. I authorize A and E Animal Hospital, its veterinarians and staff to administer such treatments and anesthetics, both planned and unexpected, as necessary to perform these procedures.

I recognize that the nursing care, exercise restrictions and other take-home instructions that I am responsible for at home greatly affect my pets long term outcome and potential for complications. I will ask staff if I do not understand these responsibilities. I will not hold A and E Animal Hospital, the veterinarians or staff liable for any complications that may arise.

After closing, there are no treatment staff on the premises. Any pet not picked up by 6:00PM (M-F) or 12:00PM (Sat) will be kept overnight and charged a boarding fee. Please call if you are not able to pick up prior to these times - 217-367-1137.

I understand that it is hospital policy that all charges are due and payable upon my pet’s release unless other arrangements have already been made.

I would like to be contacted after surgery via:

Phone Call: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Text: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner/Agent’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Numbers: Primary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_