



Surgery/Anesthesia Consent Form

Date: _____ Procedures: _____

Pet Name: _____ Owner: _____

AUTHORIZATION AND CONSENT

I, the undersigned owner or authorized agent of the animal listed above, hereby authorize the doctors of Pet Medical Center of Urbandale and their assistants to administer such treatments and to perform such procedures as listed, including the administration of general anesthesia. I also authorize the use of such anesthetics as determined to be necessary for the above mentioned procedure(s). I understand that during the performance of this procedure, unforeseen conditions may be revealed that necessitate an extension or variance in the procedure(s) set forth above. I expect the veterinarians of Pet Medical Center to use reasonable care and judgement in performing the procedure(s). The nature of the procedure and risks involved have been explained to me, including death, and I understand results cannot be guaranteed. I am also aware that unforeseen complications, including death, resulting from the procedure(s) will not relieve me from any obligation to all reasonable costs incurred regarding this animal.

Like you, our greatest concern is the well-being of your pet. Before putting your pet under anesthesia, we will perform a full physical examination. However, many conditions, including disorders of the liver, kidneys, or blood, are not detected unless blood testing is performed. Such tests are important before any kind of surgery. For these reasons, we will run a blood screening before anesthetic procedures which will also include a heartworm test for dogs or a FELV/FIV test for cats if indicated or not previously performed. It is important to understand that pre-anesthetic bloodwork does not guarantee the absence of anesthetic complications. Blood tests will occasionally detect unexpected abnormalities and the anesthetic or surgical procedure may be modified or postponed, depending on the severity of the problem. Finding abnormalities before your pet shows symptoms of disease and while he/she is still apparently healthy we have the opportunity to begin early treatment to improve the quality of your pet's life. Should your pet's blood work be minimally abnormal the doctor may still consider proceeding with the anesthetic procedure. Your pet will also receive an IV catheter to administer anesthesia, IV fluids as indicated and for immediate venous access should an emergency arise. This will result in a shaved area of your pet's fur on one or more legs.

CPR: If your pet should experience cardiac or respiratory arrest while being hospitalized today, do you give consent for resuscitative efforts to be initiated until you can be contacted further and notified of your pet's status? By consenting to this service, you are also acknowledging that certain fees will apply. If you are not able to be contacted immediately, resuscitation efforts will be continued to be performed at the doctor's discretion. Please initial your choice below:

_____ I elect **CPR** in case of arrest _____ I elect a "**DO NOT RESUSCITATE**" status in case of arrest

Incision Protection: Post-surgical complications can arise if your pet is allowed to access the incision. We can provide an Elizabethan collar for an additional charge if you feel your pet is likely to lick or chew.

_____ **Yes**, please fit my pet for a collar _____ **No**. I decline the use of a protective collar.

Additional Services Request: While your pet is anesthetized it may be advantageous to perform other procedures. Please indicate if you would like any of the following performed:

Nail Trim

Complementary -

_____ Yes

_____ No

Home Again Microchip

Implant - **\$49.99,**

incl registration:

_____ Yes

_____ No

_____ Already Done

Pre-Screening X-rays for Hip

Dysplasia - **\$65.00**

_____ Yes _____ No

These are best done under sedation to ensure good images.

Early detections gives more room for treatment options

Oral Procedures Only: If your pet is having a dental procedure we will perform dental x-rays to check for disease under the gums that cannot be seen on physical exam. Based on exam findings under anesthesia and x-rays it may be necessary to extract loose, fractured, infected and/or diseased teeth. Please check below if you would like us to perform any necessary additional dental procedures as recommended by the veterinarian or if you would like us to contact you before proceeding. We will make every attempt possible to contact you if that is what you choose but if we are unable to make immediate contact with you we will proceed in the best interest of your pet and you will be responsible for any additional costs. Extraction costs vary based on location, state of the tooth and time required and can range from \$10-\$90 per tooth. Additional costs involved with extractions may also include but are not limited to additional anesthesia, equipment, pain medications and antibiotics.

_____ Please perform additional dental procedures as deemed necessary by the doctor. **I understand that I am responsible for any additional cost for these procedures.**

_____ Please contact me before performing any additional dental procedures.

Oravet Barrier Sealant - \$18 Initial Application + \$45.30 Take Home Kit = \$63.30

Creates an invisible barrier that prevents plaque and tartar-forming bacteria from attaching to your pet's teeth. We would apply the first application during the procedure; you would apply it weekly starting in two weeks

_____ Yes _____ No

I am aware that **payment is required at the time of service and due upon checkout.**

Treatment of my animal is determined by my decisions, with consideration of my financial resources..

Pet Medical Center accepts all major credit cards, Care Credit and Scratch Pay. I also understand it is my responsibility to know what my pet insurance will cover with regard to my pet's medical expenses.

I understand that I am encouraged to discuss any concerns I have about risks with the doctor before any procedure is initiated.

Please let us know if you have a preferred discharge time: _____

Phone number you can be reached during procedure: _____

Preferred method of non-urgent updates on your pet: Phone Call Text

Owner/Agent Signature

Printed Name

Date