

Anesthesia and Surgery Consent Form

Owner Name	Home Phone	Telephone Number Where You Can Be Reached Today
Name of Pet	Species	Breed
		Sex

Surgical Procedure: _____

Are you currently using *Frontline*[®] or *Advantage*[®] on you pet? YES NO Date of last application: _____

As with any surgery requiring anesthesia, certain risks may result in serious complications or even death. To minimize such risks we require basic preoperative blood screens for select patients as well as intravenous fluid support for obese or senior pets. We offer the following for all anesthetic procedures at additional cost:

Procedure	Reason	Accept	Decline	Price
Additional Pain Management	To provide additional comfort after a surgical or dental procedure for prolonged relief	<input type="checkbox"/>	<input type="checkbox"/>	34.71
Basic Pre-Surgical Blood Screen	To check proper organ function, blood oxygen carrying ability and ability to fight infection Required for pets over 4 years old	<input type="checkbox"/>	<input type="checkbox"/>	51.69
Complete Pre-Surgical Blood Screen	Same as above but includes more extensive blood testing Required for pets over 7 years old	<input type="checkbox"/>	<input type="checkbox"/>	63.91
Intravenous Catheter and Fluid Support	Maintains blood pressure, replaces blood loss, speeds recovery and provides fast access if life saving drugs have to be administered in a case of emergency Required for obese and senior patients	<input type="checkbox"/>	<input type="checkbox"/>	66.74
Electrocardiogram (ECG)	Screening test to detect potential heart arrhythmias Required for high risk patients	<input type="checkbox"/>	<input type="checkbox"/>	25.68
Coagulation Test	Identifies patients with bleeding problems Required for certain procedures	<input type="checkbox"/>	<input type="checkbox"/>	40.59

Because the safety and comfort of your pet is important to us we offer a special price for the group of supportive procedures:

The Safety and Comfort Package includes:

- Complete Pre-Surgical Blood Screen
- Pain Management
- Electrocardiogram
- Intravenous Catheter
- Intravenous Fluid Support

Safety and Comfort Package

Only \$160.67

I accept the Safety and Comfort Package

I decline the Safety and Comfort Package

Please read carefully: I, the undersigned, hereby confirm that I am the legal owner / agent of the animal described above and I am authorizing the surgical / treatment procedure(s) listed above to be performed on my pet. I consent to the administration of such analgesics sedatives, tranquilizers, anesthetics or other medications as may be deemed necessary by the attending veterinarian.

I acknowledge that no assurance or guarantee has been made of the results of treatments, procedures, or surgery. I am aware that every surgical procedure, treatment, and anesthesia, even performed on a healthy animal, carries a certain amount of risk and possibilities of complications. I understand that the staff of Colony Animal Hospital will make every reasonable attempt to safely and proficiently care for my pet. I am fully prepared to accept the risk to my pet from the procedure that I am directing the doctors of Colony Animal Hospital to perform. Colony Animal Hospital or it's staff will not be held responsible in any manner whatever or any circumstance, on account of the care, treatment, or safe keeping of the animal described above, or otherwise in connection therewith.

I also understand that conditions not known may make it advisable that additional treatments, procedures, or surgery be performed on my pet. I understand that every reasonable effort will be made to contact me. Until I can be contacted, I hereby authorize the staff of Colony Animal Hospital to perform any reasonable treatment, procedure and care for my pet as deemed necessary by the attending veterinarian.

I acknowledge that I will bare full financial responsibility for any and all costs incurred for the treatment and care of my pet, and I am aware that all outstanding accounts are payable in full after services are rendered.

I have read and understood the statement above

_____ Signature

_____ Date

ANESTHESIA AND SURGERY CONSENT FORM