

# Woodinville Veterinary Hospital

## Consent for Anesthesia

Patient Name \_\_\_\_\_ Client Name \_\_\_\_\_ Date \_\_\_\_\_

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

### Your pet will receive the following anesthetic care today:

- ❖ Pre-anesthetic blood screening (if not already done in the past 2 months)
- ❖ Pre-anesthetic sedation and pain medications, if indicated
- ❖ IV catheter placement and IV fluid therapy before, during, and after the procedure
- ❖ General anesthesia with complete multi-parameter patient monitoring
- ❖ Temperature support throughout anesthesia – circulating warm water and/or air blanket
- ❖ Hospitalization for the remainder of the day for anesthetic recovery and observation

**Dentistry Procedures**                      N/A

- ❖ Dental X-rays may be indicated if diseased teeth are discovered on oral examination
  - I give advance consent for any recommended dental X-rays.
  - I give consent for any dental X-rays included on my estimate. If any additional X-rays are indicated, please call me.
  - Please call me before taking ANY X-rays today.
- ❖ Tooth extractions may be indicated based on oral examination and dental X-rays
  - I give advance consent for any recommended extractions.
  - I give consent for any extractions included on my estimate. If any additional extractions are indicated, please call me.
  - Please call me before extracting ANY teeth today.
- ❖ **I WILL BE AVAILABLE AT ALL TIMES BY TELEPHONE TODAY to discuss my pet's condition and give consent.** If you cannot reach me, you have my consent to perform dental care, X-rays, and extractions as recommended and deemed appropriate by the veterinarian. \_\_\_\_\_

**Microchip Identification**                      YES                       NO

### **Authorization for Anesthesia and Treatment**

I hereby certify that I am the owner of the above named animal, or am an authorized agent for it and have the authority to execute this consent. I have been advised as to the nature of the planned treatments, and I hereby authorize the performance of the indicated surgical and therapeutic procedures. I hereby also authorize the use of such anesthetics and medications as deemed advisable by the veterinarians and staff of Woodinville Veterinary Hospital. I understand that while every attempt is made to keep anesthesia safe, there will always be some risk during any procedure involving anesthesia. I agree to indemnify and hold Woodinville Veterinary Hospital harmless from and against any and all liability arising out of the performance of any of the procedures referred to above.

Signature \_\_\_\_\_

Primary phone \_\_\_\_\_ Alternate phone \_\_\_\_\_