

# Animal Medical Center of Charlottesville

## Surgery and Anesthesia Consent Form

Client's name \_\_\_\_\_ Pet's name \_\_\_\_\_

Anesthetic and surgical procedure(s) to be performed: \_\_\_\_\_

### Hospitalization/Surgical Information

**Preparation**—The skin around the surgical area will be clipped and scrubbed with an antiseptic. We follow sterile procedures (surgical preparation, surgical packs, and surgical attire).

**Anesthesia**—Pre-surgical blood work and physical examination will enable us to assess and minimize the risk of anesthesia for your pet.

- I DO wish for my pet to have pre-surgical blood testing
- I DO NOT wish for my pet to have pre-surgical blood testing

**Monitoring**—We further minimize anesthetic risk by monitoring heart rate and rhythm, respiration rate and quality, oxygenation, and depth of anesthesia during the procedure.

**Pain Management**—We will proactively manage pain associated with any procedure with appropriate pain management medications. As with any drug, side effects may be associated with their administration.

### Authorization and Risk Assessment

I authorize anesthesia/surgery for my pet. The nature and risks of this procedure have been explained to me. I understand that some risks always exist with anesthesia and/or surgery, and I am encouraged to discuss any concerns I have about those risks with my veterinarian before the procedure(s) are initiated. My signature on this consent form indicates that any questions have been answered to my satisfaction.

I authorize the Animal Medical Center to perform any additional diagnostic, treatment or surgical procedure(s) deemed necessary for medical or surgical complications or otherwise unforeseen circumstances. While the Animal Medical Center provides the highest quality of anesthesia monitoring and surgical services, I understand that there are rare complications associated with any anesthetic or surgical procedure. No warranty or guarantee has been given to me as to the results or cure afforded by these treatments or procedures.

If my pet stays at the Animal Medical Center following its procedure, I am aware that no staff members are on-site from the time we close at 6:00 pm until we open the next morning at 7:30 am.

I fully understand these risks and understand that the veterinarians and hospital staff will try to minimize such risks. I will not hold the Animal Medical Center, the veterinarians, or any staff member liable for any complications that may arise.

- I have not given my pet any food or water after midnight on the night before the procedure, unless otherwise advised by my doctor. I understand that this is important for anesthesia safety.

The following medications have been given in the past 24 hours \_\_\_\_\_

Other services desired while my pet is sedated:

- Nail trim (complimentary)
- Ear cleaning
- Express anal glands
- Sanitary clip of rectum
- Microchip implant

**I HAVE READ AND FULLY UNDERSTAND THIS SURGERY AND ANESTHESIA CONSENT FORM.**

\_\_\_\_\_  
Signature of Pet Owner or Agent

\_\_\_\_\_  
Date

**Phone numbers where I may be reached today:** 1. (\_\_\_\_\_) \_\_\_\_\_ 2. (\_\_\_\_\_) \_\_\_\_\_