Anesthesia Consent Form

OWNER	PATIENT	
<u>Anesthesia</u>		
anesthetic. Sevoflurane is a very safe and	of the few veterinary hospitals in San Diego that offers Sevoflurane esthetic, it is a smoother, faster acting anesthetic and does not readily preferred anesthetic for high risk and debilitated patients.	
, ,	ven to your pet at the time of surgery. Oral pain medication is sent o additional cost. If it is a Male FELINE neuter, they are not sent	
damaging the surgical site. You may elect your own e-collar, it must be provided at	ollar is mandatory post-surgery to prevent your pet from licking and to purchase an e-collar from us or bring your own. If you purchase the time of drop-off, no exceptions. If the e-collar is not provided or ne from us for an appropriately sized e-collar. E-collars are not	
pet during their stay with us, we will adm	tting your pet on a regular flea preventative. If we find fleas on your ninister a Capstar flea treatment pill at the owner's expense in order ar flea treatment pills work by killing the fleas on your pet for 24	
<u> </u>	Pre-anesthetic Blood Test	
To help decrease risk, we recommend	pre-anesthetic blood testing for all pets. Chemical analysis of a small	
blood sample can	give us information on a major organ function.	
(Highly red	commended for pets 5 years and older)	

Intravenous Catheter

☐ No, I decline blood work

☐ Yes, I request a pre-anesthetic blood test (\$299.27)

An IV catheter is mandatory which allows timely administration of any medications needed during the procedure. IV fluids are included, it helps maintain the blood pressure and kidney function under anesthesia, and aid in a faster postoperative recovery.

PLEASE FILL OUT BOTH SIDES

Additional Services

Please take advantage of the additional services that we offer during your pets stay.

☐ Nail Trim (\$19.80 Feline) or (\$22.00 Canine) ☐ Microchip \$65.00 with lifetime Registration Fee	☐ Anal Gland Expression \$28.80 ☐ E-Collar \$10-\$30 (depending on size)
During the procedure, the doctor may discover additional service issue. Every attempt will be made to contact you to authorize tr	
If we are unable to contact you:	
☐ <u>I AUTHORIZE</u> the doctor to perform ad	lditional services needed.
OR	
☐ <u>I DO NOT AUTHORIZE</u> the doctor to perfore	m additional services needed.
(Please check off a b	рох)
ANESTHESIA-SURGICAL RELEASE:	
By signing below, I understand the nature of the procedures/surresults cannot be guarantee. I hereby authorize the use of such advisable and performance of such surgical or therapeutic procedindicated. I am the owner or the agent of the above animal and consent. I hereby authorize the veterinarian on duty to induce a perform need and/or requested surgical or medical procedures possible risks and complications associated from procedures.	anesthetics as the veterinarian deems edures as the veterinarian determines to be have been given the authority to execute this and maintain general anesthesia and to
Phone number to reach you at:	
Alternate phone number:	
Print name:	
Signature:Date:	
Owner DOB:	
(Required for a prescription of a controlled substance)	