



# Anesthesia and Surgery Consent Form

Patient ID: \_\_\_\_\_ Pet's Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Sex: M F Color: \_\_\_\_\_ Markings: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Client Name: \_\_\_\_\_ Client ID#: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Your pet is scheduled for surgery today. That surgery will require general anesthesia. In order to prevent any anesthetic complications, we perform a blood screening prior to surgery. This blood screening is required for all surgeries and will determine if your pet is healthy enough to process and filter the general anesthetic without any complications that may compromise their health during surgery. In addition we will conduct a complete physical exam and place an IV catheter.

I hereby request and authorize Stoneledge Animal Hospital's Doctors and whomever they may designate as assistants, to perform the following procedure(s) or operation(s):

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Procedure to be performed	Doctor's name
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I have been advised as to the nature of the procedure(s)/operation(s) and the risks involved. I understand complications including but not limited to infection, chronic lameness (orthopedic), cardiac arrest, and death could result. I acknowledge that no guarantee has been made as to a result or cure. Please be advised that CPR will be performed if needed until you can be reached by emergency contact number. Like you, our greatest concern is the well-being of your pet.

In addition, there are certain underlying diseases that require specific testing. If left undetected, these diseases not only compromise the general health of your animal but can also compromise their health while under anesthesia. Therefore routine testing of these common diseases are recommended prior to surgery: a 4DX (Heartworm/Lyme/Ehrlichiosis/Anaplasmosis) screening test for all dogs and a Feline Leukemia/FIV/Heartworm screening test for all cats.

I **DO** **DO NOT** wish to have the 4DX and/or FeLeuk/FIV test run today.

Stoneledge Animal Hospital does require that your animal be current on his/her Rabies vaccine prior to any procedure. Proof of vaccination is required. If proof is not available we will need to vaccinate your pet prior to the surgery.

My pet **WILL** **WILL NOT** need a Rabies vaccination today.

My pet **DOES** **DOES NOT** need any additional vaccinations today.

**Additional Vaccines Needed:** \_\_\_\_\_

Your pet will receive pain medication during their stay today. However that will only last for a short period of time. Therefore it is also recommended that pain medication be sent home to assist your pet with their healing process.

I **DO** **DO NOT** wish to have pain medication sent home today.

I certify that I own and assume financial responsibility for the above described animal. I do hereby consent and authorize Stoneledge Animal Hospital and its staff to hospitalize this animal, and to administer vaccinations, medications, blood work, x-rays, surgical procedures, anesthetics or treatments that the doctor deems necessary for the health, safety and well-being of the above animal while it is under their care and supervision.

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Client Signature	Print Name	Phone # to be reached today	Date
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