

Dixie Animal Hospital Anesthetic and Procedure Consent Form

Date _____

Owner _____ Pet's Name _____ Breed _____ Sex _____

Address _____

Today's Phone # _____ Secondary Phone # _____

I hereby authorize the veterinarian(s) of Dixie Animal Hospital to perform the procedure(s) listed below under any anesthetic or sedation deemed advisable and to also perform such additional procedures as may be necessary based on findings from the below surgery or procedure. The possible alternative methods of treatment, the risk, and the possibility of complications are fully understood by me. I realize that no guarantee or assurance can or has been given as to the results. I cannot hold Dixie Animal Hospital or its agents liable for any reactions or complications due to the sedative or anesthetics given.

I understand that I am responsible for all professional fees, including fees for medicines, x-rays, hospitalization, laboratory tests, and board and that these fees are payable when my pet is discharged. I also understand that my pet must be free of external parasites and that bathing and dipping (if required) will be performed at my expense. I also understand that I will not be allowed in the ICU area unless accompanied by Dixie Animal Hospital staff member.

I HAVE READ AND UNDERSTAND THIS AUTHORIZATION AND CONSENT. I HAVE BEEN ADVISED AS TO THE NATURE OF THE PROCEDURES OR OPERATIONS AND THE RISKS INVOLVED. I REALIZE THAT RESULTS CANNOT BE GUARANTEED.

Procedures and Services (initial all that apply)

Pre-Anesthetic Testing

- _____ Blood work if not done within last 30 days (to check for any problems that would increase the risk of anesthesia)
- _____ Chest X-rays and evaluation by a Veterinary Radiologist (to check for any problems that would increase the risk of anesthesia)
- _____ EKG screening by a Veterinary Cardiologist prior to anesthesia (to check for any problems that would increase the risk of anesthesia)
- _____ Blood Pressure prior to anesthesia (to check for any problems that would increase the risk of anesthesia)
- _____ Urinalysis (to check for any problems that would increase the risk of anesthesia)

Procedures

- _____ Growth/Mass Removal(s) (show location(s) to a nurse)
- _____ Histopathology by a Veterinary Pathologist (to determine what type of growth/mass)
- _____ Complete Dental Assessment and Cleaning with Extractions if the Veterinarian recommends them (Procedure may require separate nerve block(s) in addition to extractions.)
- _____ Complete Dental Assessment and Cleaning (Veterinarian to call if any extractions are recommended. Please be sure to answer your phone. If extractions needed, procedure may require separate nerve block(s) in addition to extractions.)
- _____ Spay or Neuter
- _____ Other (Sedation for X-ray(s), Treat Wound, Extract Retained Puppy Teeth, etc.): _____

Ancillary Tests and Procedures

- _____ SANOS Dental Sealant (helps prevent plaque and tartar for up to 6 months)
- _____ Dental X-rays of every tooth (to look for problems under the gum line)
- _____ Dental X-rays of suspicious teeth if recommended by the veterinarian
- _____ Local Antibiotic instilled into deep pockets around diseased teeth/gums if recommended by the veterinarian.
- _____ Microchip
- _____ Vaccination(s): _____
- _____ Other (Heartworm Test, Fecal Exam, Feline AIDS/Leukemia/HW Test, etc.): _____

Please note that a doctor or nurse will call you post-op by 1PM. If you do not hear from us by that time, please give us a call.

Signature of Owner / Agent _____