

ANESTHESIA / SURGERY CONSENT FORM

Owner: ___ <Client> _____

Patient: ___ <animal> _____

Procedure: _____ **PHONE NUMBER TODAY:** _____

I hereby authorize East Valley Veterinary Clinic to perform the above procedure(s). In addition, in the event that emergency treatment is required and I cannot be reached, I agree to any necessary diagnostic, treatment, or surgical/life saving procedures which are required. **If you require a phone call before life saving treatment PLEASE leave a phone number where you can be reached.**

Please initial that you are aware of possible additional charges.

Pre-Surgical Screen + CBC: This test will detect any underlying problem such as kidney/liver failure, diabetes, etc. and allow the doctor to verify your pet is healthy enough to undergo anesthesia (must be done within three months). **A fee of \$77.50-115.50** Initial _____

Extractions: If we are unable to contact you while your pet is sedated, you authorize the doctor to perform any necessary extractions. A fee of **\$29.00-100.00** per extraction based on severity. **Initial** _____

Pain Medication for Spay, Neuter & Declaw or Major Surgery

Your pet will be provided with analgesia (pain relief) from surgical manipulation as well as helping to smooth anesthetic recovery. (Not optional) A fee of **\$55.50-65.00**. **Initial** _____

Microchip Identification: We are now able to permanently identify pets using a small microchip implanted beneath their skin. The benefit of microchip identification is the ability to identify missing pets. A fee of **\$68.00**. **Approve** _____

Complimentary Nail Trim: Approve: _____

I have read and understand this consent form, and I agree to pay for services rendered at the time my pet is discharged or when service is otherwise completed.

Owner or Agent: _____ Date: _____

Technician Initials: _____ Date: _____

EAST VALLEY VETERINARY CLINIC – Anesthesia Report

Patient Name: <animal>	Date: <date>	Date		Chart #	
Client Name: <first-name> <last-name>		Doctor		Technician	
Breed: <breed> Age: <age> Sex: <sex>		Weight lb		Weight kg	
Weight: <weight> Doctor: <serv-doctorname>		Procedure(s):			
Procedure: <serv-description>		ASA Status (circle): I II III IV V			
		Pain score pre-op	A C	Anticipated pain post-op	A C
T		P		R	
			MM		CRT

Pre-op Lab Work: _____ **Date** _____ **Results** _____

Preanesthetic Medications

Drug	Dose	mg/cc	IV/IM/SQ	Time	Initials
Drug	Dose	mg/cc	IV/IM/SQ	Time	Initials
Drug	Dose	mg/cc	IV/IM/SQ	Time	Initials
Drug	Dose	mg/cc	IV/IM/SQ	Time	Initials

IV catheter: 24 22 20 18 ga R / L Cephalic / Saphenous Fluid Rate 10 ml/kg/hr: _____
 Fluid Type: _____ Morphine _____ Lidocaine _____ Ketamine _____ cc per 500 ml / 1 L

Induction Drugs

Drug	Amt Drawn	Amt Given	mg/cc IV	Time	Initials
Drug	Amt Drawn	Amt Given	mg/cc IV	Time	Initials
Drug	Amt Drawn	Amt Given	mg/cc IV	Time	Initials

Maintenance Agent: Isoflurane / Sevoflurane Endotracheal tube size: _____ Circle / Non-rebreather

Time	Anes %	O2 L/min	SpO2	HR	RR	MM	CRT	BP			Temp	Fluid rate	Fluid total
								Sys	Mean	Dias			

Intraoperative Medications / Emergency Drugs

Drug	Dose	mg/cc	IV/IM/SQ	Time	Initials
Drug	Dose	mg/cc	IV/IM/SQ	Time	Initials

Local Block

Type/Drug (s)	Time	Initials
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Postoperative Medications

Drug	Dose	mg/cc	IV/IM/SQ	Time	Initials
Drug	Dose	mg/cc	IV/IM/SQ	Time	Initials

Post-op T _____ P _____ R _____

Record vitals every 5-10 min. Symbols: *anesthesia start, **anesthesia end, ^surgery start, ^^surgery end

Charting _____ **Log Drugs** _____ **Pull catheter** _____ **Enter Charges** _____ **Clean patient** _____