



# Anesthetic Consent Form

I, the undersigned, owner of admitted patient, <animal>, hereby authorize <serv-doctorname> (and whomever he/she may designate as his/her assistants) to administer such treatments as is necessary to perform the surgical procedures listed below and such additional procedures as are considered therapeutically necessary on the basis of findings during the course of said evaluation. The treatments or procedures are to include whatever is necessary to accomplish the purpose, including but not limited to the administration of drugs and anesthetics. I therefore consent to the administration of such drugs and anesthetics as are necessary.

## **Anesthetic Risk**

I understand all anesthetics present some risk of complications and possible serious damage to vital organs and that in some cases may result in paralysis, cardiac arrest and/or brain damage, or even death from known or unknown causes.

I hereby certify I have read and fully understand the above release, the reasons why the name surgical procedures are considered necessary, the advantages and possible complications, as well as possible alternative modes of treatment, all of which can be explained to me by a doctor if is so request. I recognize every conceivable risk and complication cannot practically be mentioned or discussed. I hereby acknowledge no guarantees or assurances have been made to me concerning the result of these treatments or procedures.

I authorize any additional recommendations for <animal> today, as long as it is within the agreed upon treatment estimate. I understand that I will receive a call if the additional recommendations exceed the original agreed upon treatment estimate.

**Procedure:** \_\_\_\_\_

**Name and phone number of primary contact today:** \_\_\_\_\_  
(Please indicate if you prefer text over calls)

**Is your pet on any medications (including flea/HW meds)? If so, please list them and when they were last given:**

\_\_\_\_\_

**Additional services requested: Circle all that apply**

Nail trim (free for sedated patients)    Microchip (\$53)    Express anal glands (\$32)    Simple Ear cleaning (\$27)

Other, please list: \_\_\_\_\_

**\*\*\*We do a complimentary pre-surgical exam before all anesthetic procedures to look for any obvious issues that would complicate anesthesia. If you would like something more specific looked at today that does not relate to the surgical procedure, the doctor may charge an exam fee or call you to approve additional tests or medications\*\*\***

I have read and I understand the risks and dangers associated with sedation and or anesthesia. I agree and hereby authorize SCAH to perform the above mentioned treatments or procedures.

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**<first-name> <last-name> <number>**