

Mechanicsville Animal Hospital Anesthesia Consent Form

DATE	DATE		OWNERS NAME	PETS NAME	
PROCEDURE:					
	(Can you mak	e medical and financial decisions rega	ording this pet? please circle	YES NO
	If	"no" <mark>do not</mark> c	ontinue to fill this form out. Please see	e a receptionist for further instr	uctions.
P	lease initial		As the owner/authorized agent for the above-named patient, I give consent for Mechanicsville Animal Hospital to induce and maintain anesthesia for the scheduled procedure. I understand and accept that there is risk associated with any anesthetic procedure and authorize the attending DVM to proceed as necessary should any complications occur. An intravenous catheter allows for rapid administration of emergency drugs should any anesthetic complications occur. It also allows for the administration of intravenous fluids which help maintain adequate blood pressure and circulation to vital organs during anesthesia. It is required for all surgical procedures and will be an additional cost.		
APPROVE) DE(CLINE	A standard pre-anesthetic blood parisk. This blood panel helps to asse detectable with a physical examinar panel to check if a patient has unde infection and heal properly. It also not approve this blood panel, then I un	ss internal organ function and tion. A CBC is added to our sta erlying anemia and has adequa measures platelets that are us	can highlight issues not andard pre-anesthetic blood ate white blood cells to fight ed for clotting after surgery
APPROVI	E DE	CLINE	Microchips are an important part of from you, any shelter or veterinary to the recommend that all pets be mic understand that it is an additional content.	facility has the ability to scan rochipped. <i>If I approve the pla</i>	for microchip information.
APPROVE DECLI		CLINE	All patients are given pain medications dependent on the procedure performed, which is not optional. Laser therapy is an additional, non-invasive pain treatment that can help reduce inflammation and healing time. If I approve laser pain therapy, then I understand that it is an additional cost		
	YES	NO	Did your pet eat this morning?		
	YES	NO	Is your pet on any medication? IF Y	ES, please list all medications	below:
SIGNATURE			PHONE NUMBER		