

## **Anesthesia / Surgical Consent**

File Number: {ID} Patient Name: {NAME}
Client Name: {FULLNAME} Species: {SPECIES}
Phone Number: {PHONENUMBER} Breed: {BREED}
Address: {ADDRESS1} {ADDRESS2} Sex: {SEX}

{CITY}, {STATE} {POSTALCODE} Color: {COLOR}

Weight: {CURRENTWEIGHT}

{CURRENTWEIGHTÚNIT}

Anesthetic and surgical procedure(s) to be performed: **{ENTERPROCEDURESTOBEPERFORMED}** 

I, the undersigned owner or agent of the pet identified above, authorize the staff of Healing Hands Animal Hospital to perform the above procedure(s).

While I accept that all procedures will be performed to the best of the abilities of the staff at this hospital, I understand that no guarantee or warranty has been made regarding the results that may be achieved. I also assume full responsibility for any additional expenses incurred after the surgical procedure is performed, such as follow up radiographs, re-check physical exams and additional surgery due to post-op complications. These are more likely to occur when there is a failure to comply with the aftercare instructions.

I understand that a deposit is required when leaving a pet in the hospital for treatment regardless of anticipated length of stay, and agree to pay the remainder of the charges in full at the time my pet is discharged.

For your pet's protection we require complete blood scrand recommend it for all pets prior to anesthesia. $\overline{ ext{The }}$ of $\overline{ ext{C}}$ I give my permission [yes]: $\overline{ ext{U}}$ I do not give my permiss	cost will be an additional 120 dollars.
I understand that any procedure poses a risk to my pet regardless of health status and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure(s) is/are initiated. In the event of an emergency: (Initial an option below): Attempt Resuscitation: In the event of unforeseen complications, I give permission for the doctors and staff to take reasonable measures in treating my pet and accept all charges that are incurred as a result of such action.	
	to prevent a cardiac and/or respiratory emergency
from occurring, but if your pet's heart rate or respiration	
attempt to correct the problem and no CPR will be perfo	
attempt to correct the problem and no CPR will be pent	ormea.
WOULD YOU LIKE YOUR PET TO RECEIVE THE PAIN F MEDICATION, LASER TREATMENT ON INCISION SITE A Additional Cost YES NO	
Would you like your pet to have an elizabethan collar (AKA,llicking on the incision site. additional cost of Yes	
I have read and fully understand the terms and conditions se	
*WE REQUIRE ALĹ ANIMALS TO BE CURRENT ON VAC	
Signature of Owner:	Date: 1/17/24

Phone number(s) at which owner can be reached today or tomorrow: