



Southern Hearts
ANIMAL HOSPITAL

ANESTHESIA/SURGICAL CONSENT FORM

2270 Hog Mountain Rd
Watkinsville, Georgia 30677

Mandy Cox, DVM
Jo Anne Mathias DVM

Client: _____ Patient: _____ Age: _____

Primary Phone Today _____ Secondary Phone: _____ Date: _____

I am the owner or agent of the owner of the above-described animal and have the authority to execute this consent. I hereby authorize Southern Hearts Animal Hospital to perform the following procedure(s) or operation(s).

Anesthetic and surgical procedures to be performed: _____

PRE-ANESTHETIC BLOOD SCREENING

Our greatest concern is the well-being of your pet. Before putting your pet under anesthesia, we will perform a full physical examination. However, some conditions, including disorders of the liver, kidneys & blood are not detected unless blood testing is performed. Anesthetic agents are processed through the body by the liver & the kidneys, thus any disorder regarding these organs can increase your pet's anesthetic risk. For this reason, we highly recommend that pre-anesthetic bloodwork be performed to maximize patient safety and alert the doctor to the presence of dehydration, anemia, infection, diabetes and/or kidney or liver disease which could complicate the procedure. These tests are similar to those your own physician would run if you were to undergo anesthesia. In addition, the results of these tests will be used as a baseline for comparison in the future as your pet ages and may aid in development of faster and more accurate diagnoses and treatments.

<u>Animal UNDER 7 years of age</u>	<u>Animals OVER 7 years of age and/or of compromised health</u>
<p>I understand that it is of good quality medicine to perform bloodwork on any animal undergoing anesthesia. I also understand that it is not required for animals under the age of 7. I do prefer for my animal to have the highest possible chance of survival, so I hereby allow SHAH to perform a Pre-Surgical Panel. Although this is not a guarantee of anything, I understand that it will help in seeing some unforeseen problems that could arise.</p> <p>Young Wellness Screen</p> <ul style="list-style-type: none"> • CBC (Complete blood count: assesses anemia, infection, clotting) • BUN/Creatinine (kidney) • TP (hydration) • Glucose (sugar) • ALKP/ALT (liver) • Electrolytes (Sodium, Potassium, & Chloride) <p style="text-align: right;">ACCEPT: _____ Initial</p> <p style="text-align: right;">DECLINE: _____ Initial</p>	<p>I understand that when an animal is over 7 years of age, the body can have unforeseen diagnostic problems. I understand that bloodwork and placement of an intravenous catheter are required, and I am responsible for the cost. I do hereby allow SHAH to perform a General Health Profile and place an IV catheter as to provide IV fluids during the surgery & administer medications if needed. I understand that if an unforeseen problem becomes apparent on the bloodwork, surgery may not be performed at this time.</p> <p>General Health Profile (Includes ALL the tests in the Young Wellness Screen PLUS):</p> <ul style="list-style-type: none"> • Globulin (chronic inflammation) • Albumin (protein/hydration) • Calcium (certain cancers) • Cholesterol • Phosphorus (kidney) • Total Bilirubin (liver) • Amylase (pancreas) <p style="text-align: right;">ACCEPT: _____ Initial</p>

DECLINE: I have elected to decline the recommended bloodwork at this time. I fully understand the possible consequences of anesthesia and surgery/dentistry being performed without the knowledge obtained from the

forementioned workup. I, the owner, agree to hold SHAH harmless, in the absence of negligence, in the event of untoward anesthetic complications that might have been detected had these tests been performed. X: _____ Initial

SURGICAL MONITORING

To further ensure the safety of your pet, we are able to keep an even closer watch on anesthetized patients with our multi-parameter digital patient monitor. This monitor consists of a pulse oximeter, EKG, & respiratory monitor which are attached to the patient during the entire surgical procedure. Blood pressure, temperature, heart rate and rhythm, respirations, and oxygen levels are closely monitored using this state-of-the-art equipment. We believe the use of these agents add safety measures that a much loved member of the family deserves.

MICROCHIP IMPLANTATION (circle yes or no)

Over 10 million pets are lost every year. In an effort to offer permanent identification and help assist in your pet/s safe return in the event he/she becomes lost, we offer microchip implantation at the time of surgery. While your animal is under anesthesia, the chip, which is the size of a grain of rice. It is inserted under the skin between the shoulder blades. Each chip has an individual identification that will serve as a permanent ID for your pet. Shelters, vets and rescue teams nationwide scan for microchips in all unidentified animals and can call Petlink 24-hour hotline when a chip number is found. After a quick search of the PETtrac database, you, SHAH, or your alternate is contacted.

- Insert Petlink Microchip (\$46.50)** YES or NO

OTHER SERVICES (circle yes or no)

- Do you need a refill on **Flea & Tick Prevention**? YES or NO

What kind/how much? _____

- Do you need a refill on **Heartworm/Parasite Prevention**? YES or NO

What kind/how much? _____

- Do you need any **Preventative Dental Care products**? YES or NO

What kind/how much? _____

I understand that some risks always exist when anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about these risks with the attending doctor before the procedure(s) is/are initiated. I understand that during the performance of the foregoing procedure(s) or operation(s), unseen conditions may be revealed that necessitate an extension of the foregoing procedure(s) or operation(s) that are set forth above. Therefore, I hereby consent to and authorize the performance of such procedure(s) or operation(s) as are necessary and desirable in the exercise of the veterinarian's professional judgement. I also authorize the use of appropriate anesthetics and other medicines, and I understand that hospital support personnel will be employed as deemed necessary by the veterinarian.

I have been advised as to the nature of the procedures or operations and the risks involved, including the possibility of death. I realize that no guarantee can be made legally or ethically to me regarding the outcome of any procedure performed. I have carefully read and do fully understand this authorization and consent.

Signature of Owner or Agent _____

Date: _____