FAMC ANESTHESIA CONSENT

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Pet’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Owner’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROCEDURE(S) TO BE PERFORMED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your pet current on vaccinations: Yes [ ]  No [ ]  (update today? Yes [ ]  No[ ]  )

Did your pet eat this morning? Yes [ ]  No [ ]

Any vomiting, coughing, sneezing, diarrhea? Yes [ ]  No [ ]  If yes, describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any other specific problems requiring attention today? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Please list all Medications/Supplements/Flea control | Last dose given |
|  |  |
|  |  |

PRE-SURGICAL BLOOD TESTING:

We strongly recommend that all pets undergoing anesthesia have blood work performed prior to any procedure. Blood work helps us to detect infection or anemia and to assess kidney and liver function. Information gained from these lab tests allows us to adjust each patient’s anesthetic protocol as needed. Please initial your choice below.

|  |  |
| --- | --- |
| Routine pre-surgical blood profile (<7 years of age): [ ]  ($100.30)  | Senior complete body function profile (>7 years of age): [ ]  ($134.30) |
| I decline any blood work for my pet: [ ]  |

DENTAL PROCEDURES:

A treatment plan has been provided for the dental procedure expected at this time. Many times the true extent of dental disease cannot be determined until an oral exam is done under anesthesia. If at that time, it is determined further care, above the initial treatment plan, is needed please **choose ONE** of the options below:

[ ]  Please proceed with any dental surgery/procedures deemed necessary.

[ ]  Please proceed with the dental surgery/procedures deemed necessary up to $ \_\_\_\_\_\_\_.

[ ]  Please call me before proceeding. I will be available at #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ see below.

 **\*If the staff is unable to reach me: Please proceed with treatments deemed necessary \_\_\_\_\_\_ OR do not proceed and my pet will be woken up from anesthesia \_\_\_\_\_\_\_. Dental extractions can range from $16.00 to $214.00 per tooth plus applicable pain control/surgical supplies.**

Other procedures you would like performed at this time: [ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\***All animals will receive a free nail trim while under anesthesia. If you decline please check here [ ] \*

**\***If fleas or flea dirt are present on your pet, we will apply a quick acting Capstar flea treatment ($11.00).

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As the owner or agent of the animal named above, who is over 18 years of age, I hereby authorize Fidalgo Animal Medical Center to perform the above procedures. I have been advised of the nature of the services and procedures to be performed, as well as the risks involved. I acknowledge that no guarantee or assurance has been made to me as to the result or cure.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Best Contact Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you like a text you when your pet is recovering from anesthesia? Cell Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_