



Surgery/Anesthesia Consent Form

Client Name: _____ **Pet Name** _____

Your pet will receive a thorough physical examination prior to any procedure or surgery. We also perform pre-anesthetic laboratory tests to help minimize potential risk and make the best decisions before administering general anesthesia.

We are committed to providing the highest level of care for your pet which includes continuous monitoring of pulse rate, respiratory rate, temperature, blood pressure, and blood oxygenation. Once the surgical procedure is complete, our patients are transferred to a recovery cage which includes a heating pad and warm blankets. We will contact you (at the number listed below) once the surgery is complete and your pet is in stable condition in the recovery unit.

To help alleviate pain and discomfort associated with your pet’s surgical procedure, we incorporate pain-controlling medication into our protocols. We strive to ensure that your pet is as comfortable and pain free as possible.

The leading cause of death for our pets is getting lost without identification. The Nanochip is a microchip, the professional and modern way to identify your pet, and is proven to be safe and effective. It offers real protection that can’t fade or fall off. The cost of **NanoChip** is \$25.00. You must register and pay \$19.99 at Fetch-ID.com to have it work and receive the benefits.

_____ **Yes, I would like my pet protected with NanoChip.**

_____ **No, I do not want my pet protected with the NanoChip.**

ANESTHETIC/SURGICAL CONSENT:

I authorize the use of appropriate anesthetic and medication as are deemed necessary for the treatment of my pet. I further understand that there are certain risks involved with all types of anesthesia and procedures. I acknowledge that no guarantee has been made as to the results that may be obtained.

_____ **will be the procedure(s) performed on my pet.**

I assume full financial responsibility for all charges incurred relating to my pet’s treatment and care. I understand that payment in full is due at the time my pet is discharged.

CPR CONSENT:

I understand that the anesthetic, surgical or therapeutic procedures may involve the risk of complications, injury or even death, from both known and unknown causes and no warranty or guarantee has either been expressed or implied as to the result or cure. Should my pet require cardiopulmonary resuscitation (CPR), including cardiac compressions, positive pressure respiration, emergency medications, or other heroic interventions, I request that the doctor(s) at Feline Wellness Center conduct/not conduct such medical care as indicated below. If I request such emergency procedures, I agree to be held responsible for veterinary services provided to my pet while staff members pursue treatment and try to reach me for further directions. Regardless of my pet’s recovery or survival, I agree to pay CPR fees in addition to other fees already identified by the practice and agreed upon by me. We will administer CPR treatment unless declined.

Accept _____ **Decline** _____ (please initial)

Date _____

Signature _____

Phone number where I can be reached today _____

****PLEASE SIGN IF YOUR PET IS HAVING A DENTAL PROCEDURE PERFORMED:***

DENTAL EXTRACTION CONSENT: In many patients, dental extractions cannot be anticipated prior to general anesthesia, a full oral exam and full dental x-rays. There is an additional charge for local anesthetic, x-ray post extraction, a per tooth extraction fee, and post-op pain management. In the event that a tooth/teeth need to be extracted, do you give permission to Feline Wellness Center to proceed as needed?

Please initial below:

_____ **YES** (do what is necessary for my cat to have a pain free mouth)

_____ **NO** (please call first) **PLEASE MAKE SURE YOU LEAVE A PHONE NUMBER YOU CAN BE REACHED AT.** If we cannot reach you for some reason, do you give Feline Wellness Center to proceed as recommended? _____ **YES** _____ **NO**

If you elect NO, please understand your cat will receive the scheduled dental cleaning procedure and no extractions. A future surgery will need to be scheduled at a later date, at additional cost, to complete the procedure.

Date _____ **Signature** _____

Phone number where I can be reached today _____