


Patient: %patientname% Patient ID: %patientid% Client: %clientname% Secondary Client: %secondownerfirst% Phone number: %clientphone% %MMMM_dd_yyyy%	
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Anesthesia/Surgery consent form

What can I expect will happen with my pet today?

- Pre-anesthetic bloodwork and physical exam will enable us to rule out some pre-existing problems which might cause your pet to not be able to handle the anesthesia. We further minimize the anesthetic risk by state of the art monitoring the whole time your pet is asleep. This includes regular measurement of blood pressure, heart rate and rhythm, respiration rate and rhythm, oxygenation, temperature, and carbon dioxide levels.
- We will proactively manage pain associated with any procedure (this is a law in the state of Oregon!).
- For many surgical procedures we will insert an IV catheter into the leg to provide fluids which will help flush out the negative effects of the sedatives and also help us maintain the blood pressure. The catheter is VERY important in the event you pet has any kind of trouble during surgery as it allows us to give medicines directly into the vein and save your pets life. It is difficult to get drugs right into the vein in an emergency without a catheter.
- If a surgery is being done today, the hair will be trimmed, the site will be prepared with chlorhexidine to kill bacteria, and sterilized instruments will be used. The procedure is also done in a sterile surgical room and sterile gloves, sterile gowns, hats, and masks will be worn to help prevent infection (except in the case of a dental cleaning).

Please read and agree below:

I am the owner or authorized agent of the animal above and I have the authority to make medical decisions for this pet. I authorize the above procedure and the nature and risks have been explained. I understand that some risks always exist with any surgical or anesthetic procedure and that I am encouraged to communicate any concerns or questions. My signature on this form indicates that my questions have been answered to my satisfaction.

I authorize Happy Valley Vet Hospital (HVVH) to perform any additional diagnostics or treatments deemed necessary if there are any medical or surgical complications or unforeseen circumstances. While HVVH provides state of the art anesthesia and monitoring, I understand there are rare complications associated with any anesthetic or surgical procedure. I fully understand the above and agree to not hold the hospital liable for complications that may arise.

I will pick up my pet before the hospital closes for the day. If I do not pick up my pet prior to close, I acknowledge that no person is in the hospital overnight to monitor them and boarding fees will be applied to my account, which must be paid at the time of pick-up.

******* If there are unexpected complications, do you authorize us to perform life-saving measures (CPR, emergency drugs, etc)? No___ Yes___**

Owner First and Last Name

All authorized owners on the account (First and Last Name)

Signature _____

Date: _____

What number can you be reached at today?

Where can we call for your pet's vaccine records?

We love sharing adorable photos of our patients. Please initial whether or not we have your permission to post your pet's photo on our social media.

Yes _____

No _____

Elective procedures while my pet is asleep (Please mark those you would like us to do!)	Price
<input type="checkbox"/> Nail trim	Free!
<input type="checkbox"/> Add-on Nail Dremel	\$9.88
<input type="checkbox"/> Deep Ear Cleaning	\$42.80
<input type="checkbox"/> Ear Hair Removal	\$21.40
<input type="checkbox"/> Apply Soft Paws (cats only) *Prevents destructive scratching, lasts for 2-4 weeks	\$48.15
<input type="checkbox"/> Heartworm Test (dogs only)	\$58.85
<input type="checkbox"/> Leukemia/FIV Test (cats only)	\$53.50
<input type="checkbox"/> Microchip (includes registration) *Please provide email _____	\$74.90
<input type="checkbox"/> Anal Sac Expression *May be needed if pet is scooting or licking at rear end	\$21.40

<input type="checkbox"/>	Benadryl Injection *Recommended if your pet has had vaccine reactions	\$15.93
<input type="checkbox"/>	Anti-nausea Injection *Recommended for flat-faced breeds (Pugs, Frenchies, Bull dogs, Shi Tzu, etc)	Price based on weight
<input type="checkbox"/>	Capstar 24 hour flea treatment *Required on any pet when live fleas are observed	\$15.38
<input type="checkbox"/>	Kisses and Snuggles	Included!

Dental Procedures Only – Occasionally unpredicted tooth extractions are necessary. Please choose an option below on how you want us to proceed:

<input type="checkbox"/>	I prefer you proceed with whatever they need (Extractions can range from \$42-\$300 each)
<input type="checkbox"/>	I prefer you stay within my budget of _____
<input type="checkbox"/>	I prefer you call me first. If I don't answer, then please (mark one) <ul style="list-style-type: none"> o Proceed with whatever they need o Stay in my budget of _____

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Please answer the following questions about your pet and discuss any “yes” answers with your technician or doctor.

Is your pet on any daily medications or supplements?	No	Yes	If Yes, list what:
Is your pet on monthly flea/heartworm medication?	No	Yes	If Yes, list what:

Has your pet ever had a seizure?	No	Yes	If Yes, list when:
Has your pet ever had surgery?	No	Yes	If Yes, list when/what:
Has your pet had any vomiting, diarrhea, or coughing in the last 2 weeks?	No	Yes	If Yes, list when:
Are there other pets in the home?	No	Yes	If Yes, list what pets:
Does your pet get boarded, groomed, or go to day care?	No	Yes	
Does your cat ever go outside?	No	Yes	
Is your dog ever outside off leash? (dog park, backyard, etc.)	No	Yes	
Did your pet have breakfast?	No	Yes	
Has your pet ever had an adverse reaction to a medication or vaccine?	No	Yes	If Yes, which medication?
Female dogs only: Has your dog been in heat within the last 4 weeks?	No	Yes	If yes, there will be an additional charge of \$85