

Surgical, Dental, and Anesthesia Consent Form



CLIENT'S NAME: _____ PATIENTS NAME: _____
ANESTHESIA AND PROCEDURE(S) TO BE PERFORMED: _____

If tooth or teeth need to be extracted, would you like us to obtain your permission? YES ___ NO ___
(The fee for an extraction(s) can range from \$20 to \$110 per tooth).

VACCINATIONS (WHEN PET IS DUE)
FVRCP (required for cats): _____
DHPP and/or Lepto (required for dogs) _____
Heartworm Test (required for dogs) _____
HW Pills _____ HW Topical _____
Rabies (required for cats and dogs)
1 year _____ 3 year _____

Time last ate/drank _____ AM/PM
Medication (last given)

Pre-Surgical Bloodwork _____

Hospitalization Information

Anesthesia- Blood work and physical examination will enable us to assess and minimize the risk of anesthesia for your pet.
Monitoring- We further minimize anesthesia risk by monitoring heart rate/rhythm, respiration rate/quality, and depth of anesthesia during the procedure.
Pain Management- We will proactively manage pain associated with any procedure with appropriate pain management medications. As with any drug, side effects may be associated with the administration. Pet will go home with pain medication to manage post-procedural pain.

Authorization and Risk Management

I authorize anesthesia/dentistry/surgery for my pet. I understand the nature and risks of this procedure. I understand that some risk always exists with anesthesia/dentistry/surgery and I am encouraged to discuss any concerns I have about those risks with my vet before the procedure(s) is initiated. My signature on this indicates that any questions I had were answered to my satisfaction.

I authorize Forest Glen Animal Hospital to perform any additional diagnostic treatment or dental procedure(s) deemed necessary for medical and dental complications or otherwise unforeseen circumstances. While Forest Glen Animal Hospital provides the highest quality of anesthesia, monitoring, and dental devices, I understand that there are rare complications associated with any anesthetic procedure. No warrantee or guarantee has been given to me as to the results or cure afforded by these treatments or procedures.

I fully understand these risks and understand that the veterinarians and hospital staff will try to minimize such risks. **I will not hold Forest Glen Animal Hospital, the veterinarians, or any staff member liable for any complications that may arise.**

I HAVE READ AND FULLY UNDERSTAND THIS CONSENT FORM

X _____ X _____ X _____
SIGNATURE OF PET OWNER PRINT NAME DATE

PHONE NUMBERS WHERE I MAY BE REACHED TODAY

1) _____ 2) _____

WHILE MY PET IS UNDER ANESTHESIA, I WOULD LIKE TO GET AN A.V.I.D MICROCHIP FOR IDENTIFICATION PURPOSES. YES _____ NO _____