



Country View Animal Hospital

417 N. Tullar Rd Neenah, WI 54956

Phone: 920-722-1518 Fax: 920-722-4450

General Surgical/Sedation Consent Form

Procedure:

_____The above procedure requires **general anesthesia** to induce complete unconsciousness. The patient will receive a pre-anesthetic sedative-analgesic drug (pain reliever) to help her/him relax. An IV (intravenous) catheter is placed at this time to administer fluids and medications. A brief intravenous anesthetic is given to allow placement of a breathing tube in the windpipe, and subsequently inhalation (gas) anesthesia in oxygen is used during the actual surgery.

_____The above procedure requires a **sedative and/or a local nerve block** to allow the veterinarian to perform what is necessary to complete the procedure and to ensure the safety of the patient.

The overall *risks* of general anesthesia/sedation are low. The major risks are; drug reactions, decreased blood pressure/temperature, regurgitation, aspiration pneumonia and cardiac arrest, which can lead to death. Also bleeding (hemorrhage) ranging from mild to severe, postoperative infection and wound breakdown (dehiscence) over the incision as well as swelling or seroma at the site. Any complications can result in death or the need for additional surgery at the owner's expense.

In general patients go home the day of surgery. The post-operative home care varies for each procedure. Specific instructions will be given at the time of discharge.

Surgical/Anesthetic Options: Please initial your choice for each option.

Pre-Anesthetic Blood Work: Complete blood count and chemistry panel to evaluate for any pre-existing conditions that may increase your pet's anesthetic or surgical risk. This is strongly recommended for ALL patients undergoing anesthesia and surgery or the use of a sedative.

_____ Required by veterinarian

_____ I accept pre-anesthetic lab work (cost: \$66.00)

_____ I decline pre-anesthetic lab work and understand that my pet may have underlying disease that may go undetected

Laser Surgery: We have the ability to use a surgical laser rather than a scalpel blade for most routine procedures. This may decrease bleeding, swelling, and postoperative pain.

_____ Required by veterinarian

_____ I elect laser surgery for my pet (cost: \$75.00)

_____ I decline laser surgery

Therapeutic Laser Treatment: This treatment can be performed on your pet's incision(s) postoperatively to reduce pain and aid in the healing process on a cellular level. (Not used on any growth removals)

_____ I elect therapeutic laser treatment for my pet (cost: \$13.50)

_____ I decline therapeutic laser treatment

Microchip Permanent Identification: A microchip is a means of permanent identification that is implanted under the skin. If your pet is lost, your pet may be reconnected with you via the use of a chip scanner (most veterinary clinics, shelters and rescue organizations have one of these scanners).

_____ I elect to have my pet microchipped (cost: \$51.75)

_____ I decline microchipping

Consent for Anesthesia/Sedation and Surgery

I, the undersigned, am the owner or authorized agent of the pet listed below, and am at least 18 years of age. I elect to have this pet undergo the anesthetic and surgical procedure listed below, and declare that I understand the procedure along with associated benefits and risks (up to and including death) as outlined above, and I have had the opportunity to have my questions regarding the procedure answered.

Client Name (print): _____ Client Signature: _____

Pet's Name: _____ Date: _____

Species: _____ Date of Birth: _____ Sex: _____

Surgical Procedure(s): _____

Additional Services: _____

Phone number where you can be reached today: _____

My pet has had food withheld for a minimum of 8 hour: Yes _____ No _____

My pet's current medications/supplements:	<u>Dose</u>	<u>Last given</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Veterinarian Name: _____

Veterinarian/Technician Signature: _____ Date: _____