



Mainstay Veterinary Practice

Anesthesia/Surgical Consent Form

INFORMATION

Owner:	_____
Pet's Name:	_____
Date:	_____
Procedure/s:	_____

QUESTIONS

1. The best number to reach me at today is: _____
2. Has your pet had food this morning? **YES NO**
3. If your pet is not already micro-chipped, would you like us to do that while he/she is under anesthesia? **YES NO N/A**
4. Has your pet had a reaction to anesthesia in the past that you are aware of? **YES NO**

PROCEDURES

Mainstay Veterinary Practice uses state-of-the-art surgical monitoring equipment to monitor your pet's blood pressure, temperature, heart rate and rhythm during surgery. We provide pain medication for pets before, during, and after surgical procedures. An IV catheter will be placed to administer fluids. Along with shaving the hair at the IV catheter site, we may also shave other areas including the surgical site and monitor sites.

Pre-Anesthetic blood work is required for all procedures requiring general anesthesia. If fleas, ticks, or ear mites are found, the pets will be treated for these parasites at the owner's expense. Animals unvaccinated or overdue for Rabies immunization will be vaccinated as an additional expense.

AUTHORIZATION

I, being the responsible party for the above animal, authorize the performance of the procedure(s) outlined above by the professionals and staff at Mainstay Veterinary Practice. I understand that anesthesia always involves some amount of risk and that during the performance of this/these procedure(s), unforeseen conditions may be revealed that necessitate an extension or variance in the procedure(s) set forth above. I expect Mainstay Veterinary Practice to use reasonable care and judgment in performing the procedure(s) to the best of their abilities. I realize that no guarantee or warrantee can ethically or professionally be made regarding the results or cure. I am also aware that unforeseen complications resulting from the procedure(s) will not relieve me from any obligations to all reasonable costs incurred regarding the animal. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of my pet's release and that a deposit may be required for surgical treatment.

Signed: _____ Date: _____