

Echo Ridge Veterinary Hospital

Anesthesia Procedure Consent Form

Date _____ Procedure _____

Owner's Name _____ Pet(s) Name _____

At Echo Ridge Veterinary Hospital (ERVH) your pet's health, safety, and comfort are our primary goals. ERVH provides the highest quality of anesthetic monitoring and surgical services, and will do everything possible to reduce risks.

I, the undersigned owner, or owner's agent of the pet(s) identified above, certify that I am over 18 years of age. I, hereby consent to the examination, treatment, anesthesia, and/or surgery of my pet by staff/veterinarians at ERVH. I understand the nature and purpose of the procedure(s), risks involved and possible complications that could arise. I understand that there are no assurances of the outcome of said procedure(s). I understand **no anesthesia is without medical risk**. I understand the risks and will not hold any veterinarian, staff member, or ERVH liable for any complications that may arise. _____ (Initial)

An intravenous catheter (IV) is placed and fluids are given during every surgical procedure (excluding feline neuter) at no extra cost to you. Having an IV catheter in place will allow the doctor to quickly administer lifesaving drugs and IV fluids in the event that your pet has complications with anesthesia.

LABORATORY TESTS

_____ YES _____ NO **Pre-Anesthetic Blood Work (\$95)** - Checks for any underlying problems that could potentially negatively affect the animal while under anesthesia. The liver and kidneys process anesthetic drugs, if they are not working correctly, there can be anesthetic complications.

This is MANDATORY for patients over 7 years and is RECOMMENDED for under 7 years old.

_____ YES _____ NO **4DX Test - Heartworm and Tick Borne Disease (\$65)** - Heartworms are transmitted by mosquitoes. Due to change in climate and pet travel, heartworms are becoming more of a concern in our area. We recommend heartworm testing and prevention year around. This test also checks for tick borne diseases such as Lyme, Ehrlichia and Anaplasmosis which can cause abnormal bleeding.

*If having a heartworm test, do you want prevention? **YES/NO - If yes, choose an option below**

- ☐ Chewable Monthly Option (circle one) - **6 month supply ~\$65 or 12 month supply ~\$120**
- ☐ Injection Option - 1 year coverage **must be 12 months old** - **up to \$180 - weight based**

_____ YES _____ NO **Feline Leukemia Virus and AIDS Test (\$65)** -These diseases spread between cats via saliva and cause suppression of the immune system and in some cases may be fatal. A cat with feline leukemia or feline AIDS would need additional precautions taken prior to routine anesthesia and surgical procedures.

MEDICAL HISTORY *please circle yes/no for each question*

- YES / NO** Did your pet eat this morning?
- YES / NO** Has your pet ever had any seizures?
- YES / NO** Has your pet had any reactions to medications? If yes, what medications? _____
- YES / NO** Has your pet ever had any reaction to vaccines? If yes, what vaccine(s)? _____
- YES / NO** Has your pet had any reaction to anesthetics?
- YES / NO** Is your pet on any medications? Name _____ Dosage _____

VACCINES

Would you like vaccines updated today? **YES** _____ **NO** _____ - If yes, please check options below

DOG: DA2PP (\$20) _____ Bordetella(\$25) _____ Rabies(\$15) _____ Lepto(\$25) _____

CAT: FVRCP (\$25) _____ Rabies(\$15) _____ Leukemia(\$45) _____

MICROCHIP (\$65) : **YES**, I would like my pet microchipped. **Email:** _____
NO, I am not interested in microchipping.

All of our surgical procedures receive pain medication before surgery and include pain medications for after the procedure. We also offer additional pain medications below

ADDITIONAL PAIN MANAGEMENT:

YES _____ **NO** _____ Zorbium -- CATS ONLY \$40-60

This is a transdermal pain medication that will last for 4 days. Zorbium will provide additional pain control in addition to what is already given before the procedure (Meloxicam) that lasts 3 days. Possible side effects could be hyperexcitability but are rarely seen.

SEDATION POST OP: DOGS ONLY \$35-\$65 *Not for Dentals*

YES _____ **NO** _____ Would you like sedation for your dog for the post op recovery period?

DENTAL PATIENTS ONLY

During anesthesia, the doctor will perform a complete oral exam to carefully inspect the teeth and gums and full mouth radiographs will be taken. During this comprehensive oral examination/radiographs, the doctor may find one or more teeth that need to be extracted for health reasons. Based on these findings, extractions and treatment may be needed which will add to your invoice. An extraction can cost between \$30 and \$92 per tooth depending on the condition and type of tooth. An estimate will be given at time of drop off to help provide a rough idea of cost. _____ (Initial)

- ❖ **YES / NO** - If my pet is pregnant, I wish for you to proceed with the spay. I understand this may incur additional cost(s) for time and supplies.
- ❖ Any animal found to have fleas or ticks WILL be treated in the office to prevent transmission to other animals at YOUR expense. _____ (Initial)
- ❖ All animals that are spayed/neutered will be given a tattoo on the abdomen to indicate that they have been fixed. _____ (Initial)

CPR STATUS:

SHOULD FOR ANY REASON MY PET NEED CARDIOPULMONARY RESUSCITATION:

_____ **YES, PERFORM CPR** –(\$280/15 minutes)

I agree to pay in full for all services rendered including those deemed necessary for medical and surgical complications or other unforeseen circumstances.

_____ **NO, DO NOT RESUSCITATE (DNR)**

ONLY MAKE MY PET COMFORTABLE UNTIL SPEAKING WITH ME OR MY EMERGENCY CONTACT.

I authorize anesthesia/sedation for a procedure on my pet(s) listed above. The nature and risks of this procedure have been explained to me. I understand that there are always risks with anesthesia and have discussed any concerns that I have prior to the procedure.

My signature on this consent form indicates that any and all of my questions have been answered to my satisfaction and you have my informed consent.

Signature: _____ Print Name: _____

Phone: _____ Alternate Phone: _____

****WE MUST BE ABLE TO REACH YOU AT ALL TIMES TODAY****

We will send a text message after the procedure with an update and pick up time. Please let us know if you do not want this text message.

All pets must be picked up by 4:30PM. Pets not picked up before closing will be boarded at your expense.

Staff Initials: _____