

Sedation/General Anesthesia Consent

As the owner or owner's legal authorized agent of the above named patient, I understand I am authorizing and give consent to HCO Pet Hospital staff to perform the following procedure(s) on the above named pet:

Spay/Neuter Ultrasound Radiographs Dental Cleaning/Extractions

Bone Surgery Pyometra Other Surgery

Please indicate the type of surgery if not listed above:

Has your pet had aspirin or any other medicine within the past 48 hours? YES NO

If yes, please indicate which medication: _____ What dose: _____

General Anesthesia: Basic pre-anesthetic lab work including Body Chemistry Function Parameters and a Complete Blood Cell Count is RECOMMENDED on EVERY pet undergoing general anesthesia. This lab work checks the pet's basic kidney and liver function, blood glucose, protein levels and white and red blood cell concentrations, and can help minimize the risk of complications under anesthesia. Based on the age/condition of the pet, and at the discretion of the attending Veterinarian, additional or more involved lab work prior to anesthesia may be required. While this blood work is at an additional cost, it is highly recommended for all patients but REQUIRED for pets over the age of 10 years old.

Sedation: Certain sedatives or sedation performed on an older or compromised pet may also require pre-anesthetic lab work to be completed prior to sedation. Based on the age/condition of the pet, and at the discretion of the attending Veterinarian, additional or more involved lab work prior to sedation may be required.

Pain medications: Injectable pain medication is given to EVERY pet undergoing a surgical and/or potentially painful procedure at HCO. This is NOT OPTIONAL and is included in the price of the procedure. Additional pain medication to go home is routinely prescribed post-operatively and is **at an additional cost**, also included in the treatment plan.

Vaccine Requirements:

Pets must be compliant/current with ALL annual vaccines. There is no exception. This is cannot be waived.

Is your pet current on all vaccines: Yes NO

If no, I consent to HCO Pet Hospital adding vaccines to the invoice and giving my pet the recommended annual vaccines.

If yes, I will email my pets records, PRIOR TO DATE OF SURGERY, to myvet@hcopethospital for verification. If I do not send these records, I understand that the surgery will be postponed until vaccines are updated at the clinic or I provide them to the clinic.

Emergency fee's start at \$150.00. Accept ____ Decline ____

There are natural risks involved with the surgery itself, and the use of anesthetics and other drugs. Injury and **death** can result from the surgery, any related procedures, and from complications following surgery even in health non-symptomatic animals. The following conditions increase the possibility of complications or death before, during, or after surgery:

- Animals in advanced stages of pregnancy
- Animals in heat
- Animals of advanced age
- Animals suffering from worms, leukemia, or other diseases or injury.

I, the undersigned owner, or owner's authorized agent, of the above pet certify that **I am** over eighteen years of age. I hereby consent to and authorize Dr.Hyatt and staff hired by HCO Pet Hospital to admit this pet, perform the above described procedures listed above, and administer medications, anesthesia, surgical procedures, tests and or treatments that the doctor deem necessary for its health, safety and ell being while under their care and supervision. I have been advised of the nature of the procedures and the potential risks and benefits. **I understand if my pet is found with fleas, they will be charged \$31 flea/tick treatment.** Should my pet require cardiopulmonary resuscitation (CPR), including cardiac compression, positive pressure respiration, emergency drugs, or other heroic interventions, I request that the doctor at the hospital pursue such medical care as indicated below. Having requested such emergency procedures, I agree to be held responsible for fees of this service performed while staff members pursue treatment and try to reach me for further directions. Regardless of my pet's survival, I agree to pay this fee in addition to the other fees already identified by the practice and agreed upon by me.

All deposits are non-refundable. All payments are final regardless of surgical outcome.

Owner Signature: _____