

Mona Vale Veterinary Hospital Anaesthetic Consent Form 2016

OWNER	Home Mobile E-mail
NAME	SEX
BREED	MICROCHIP
D.O.B. AGE	WEIGHT
PROCEDURE:	

HAS YOUR PET: EATEN TODAY? ☐ YES ☐ NO
 HAD ANY MEDICATION TODAY? ☐ YES ☐ NO

If yes, which medication & when? _____

Your pet is scheduled for a procedure that requires anaesthesia or sedation

Prior to anaesthesia, a vet will perform a complete **physical examination** to identify any existing medical conditions that could complicate the procedure & compromise the health of your pet.

There is always the possibility a physical exam alone will not identify all of your pet's health problems. Prior to anaesthesia a **pre-anaesthetic blood test** can be performed. Bloods tests can reduce the risk of **complications** as well as **identify medical conditions** that could require medical treatment in the future.

- ☐ **I accept** pre-anaesthetic blood testing
- ☐ **I decline** the blood tests at this time & request you proceed with anaesthesia. I understand medical conditions may exist which would be impossible to identify during a physical exam alone. I understand that my pet's health could be at risk if such a condition goes undetected when my pet is placed under anaesthesia.

Intravenous fluid therapy is administered to help support blood pressure & process anaesthetic drugs

DENTISTRY: I acknowledge that extractions maybe required during the course of the procedure ☐

- DOG ADOLESCENT DESEXING - I would like a Proheart SR12 Heartworm injection to be given ☐
- MICROCHIPPING – My pet requires microchipping in accordance with council law ☐
- PET INSURANCE – Will you be submitting an insurance claim form for your pet's procedure? ☐

Estimated costs of procedure \$ _____ **to \$** _____

I understand that all anaesthetics carry inherent risks and I have discussed any concerns I might have regarding this with the veterinarian. I understand that I am liable for all costs incurred.

Signature of Owner _____ **Date** _____

I acknowledge that all accounts must be settled at the time of service or discharge from hospital ☐
 Payment Type: Eftpos / Credit Card / Cash / Cheque / Vetpay credit application

How would you like us to notify you when your pet wakes from anesthesia?
 Text message sent to (____) _____; Phone call to (____) _____
 E-mail to _____

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NAME Kramer..... PROCEDURE..... DATE.....

PRE-G/A BLOODS: No/ Yes- Date..... Significant findings?.....

ANAESTHETIC RISK:- Low / Mod/ Great VET.....VET NURSE.....

PREANAESTHETIC EXAM

Weight	Age	HR	Ht murmur N/Y ? (gde /6)	Chest Sounds	RR	MM colour	CRT	Temp
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MEDICATIONS

Drug type	Drug name	dose	Route	time	
Pre-medication					Premed Effect- Mild/Moderate Profound
Induction					ET tube size.....
Intra-operative					Blood pressure Cuff Size
Post-operative					

Intra-operative Fluids YES/NO	Type	Start time	Rate	End time

Sx Start time	
Anaesthetic off	
Extubated	

time

[illegible][illegible][illegible]