

Anesthesia Consent Form



Hill Country
Veterinary Hospital

Pet Name: _____

Client Name: _____

Procedure(s) being done today: _____

Contact number for today: _____

Preferred method of contact: (circle one) call / text

My pet last ate at _____ am / pm on _____ (date)

Last time my pet went to the bathroom _____ Urine / BM / Both

Anesthetic Procedures:

At Hill Country Veterinary Hospital every anesthetic procedure will include pre-operative bloodwork, peri-operative fluids, IV catheter and state-of-the-art anesthetic monitoring to ensure the utmost safety of your pet during all surgical procedures.

I hereby authorize anesthesia/surgery for my pet. I understand that some risks always exist with anesthesia and/or surgery and that rare complications may arise, including anesthetic death. I acknowledge these risks and understand that the veterinarians and hospital staff will try to minimize such risks. I will not hold Hill Country Veterinary Hospital, the veterinarians, or any staff member liable for any complications that may arise.

I have read and understand the above statement. _____ (please initial)

SHOULD FOR ANY REASON MY PET NEED ADDITIONAL CARE DUE TO AN UNKNOWN ILLNESS OR EMERGENCY:

_____ Do what is necessary, including CPR and administering medications.

_____ I DO NOT want CPR performed on my pet.

I give Hill Country Veterinary Hospital permission to give pain medication.

yes / no (circle one)

If a mass is suspected to be a concern, it can be sent out for histopathology: \$227.00+

yes / no (circle one)

I would like my pet to receive a microchip. Cost of implantation & microchip: \$60.00

yes / no (circle one)

I would like Hill Country Veterinary Hospital to address these other concerns today:

Signature _____

Date: _____