

Brigadoon Animal Hospital

General Anesthesia Consent Form

Date: _____

Client ID#: _____

Patient Name: _____

Owner Name: _____

Phone Number (Day of): _____

Procedure(s): _____

PATIENT HISTORY

Yes No

 Did your pet eat today? If yes, what time?

 Is your pet allergic to any medication or foods? If yes, list them below.

 Any history or seizures or previous anesthetic problems? If yes, please list them

 Is your pet on any medications? If yes, list the medication, dose, and time it was last given.

 Is your pet on heartworm prevention? If yes, please list the product and when it was last given

Pets entering the hospital with fleas, ticks or other parasites will be treated at the owner's expense. If your dog has not been on heartworm prevention, we **require** a Heartworm Occult Test (\$27.51) prior to anesthesia. This will not replace your dogs' annual Canine 4DX Heartworm Test.

Pre-surgical blood work is **required** for all patients at the veterinarians' discretion. This includes a complete blood count and full diagnostic chemistry profile. This blood work allows your veterinarian to assess your pets overall health and to see if they are a good anesthetic candidate. If the pre-anesthetic blood work shows any abnormalities, they can be addressed by making any necessary adjustments to your pets treatment plan, medications, fluids, etc.(\$146.89)

An intravenous catheter (IV) will be placed and IV fluids will be administered based on your pets specific needs. For sterility, the fur will be shaved. Cost varies by volume of fluids infused. Based on your pets' blood work results.

A pre-surgical physical exam will be performed by the surgeon the day of surgery; however, this may not identify all systemic or metabolic problems.

Nail trims are performed complimentary with all anesthetic procedures. Elizabethan Collar/ ProCollar are required for most procedures, price varies with type and size. If you have one, bring it with you at the time of drop-off so it can be appropriately fitted to your pet.

MLS Cold Laser Therapy is performed to help with healing and recovery post-op and will be applied to the surgical site(s) where it is deemed appropriate by the veterinarian.

Additional: While your pet is under anesthesia, consider these tests/ procedures to avoid discomfort to your pet. Additional charges will apply.

- | | | | |
|--------------------------|---|--------------------------|--|
| Yes | No | Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> Ear Tip/ Tattoo (free) | <input type="checkbox"/> | <input type="checkbox"/> Microchip \$60.00 |
| <input type="checkbox"/> | <input type="checkbox"/> Vaccinations:_____ | <input type="checkbox"/> | <input type="checkbox"/> Express Anal Glands \$23.00 |
| <input type="checkbox"/> | <input type="checkbox"/> Feline (FIV/FelV/ HW) Test \$49.62 | <input type="checkbox"/> | <input type="checkbox"/> Fecal Exam \$37.50 |
| <input type="checkbox"/> | <input type="checkbox"/> Canine 4DX (heartworm/ tick panel) Test \$67.20 | <input type="checkbox"/> | <input type="checkbox"/> Clean/ Flush Ears \$22.00 |
| <input type="checkbox"/> | <input type="checkbox"/> Histopathology (send- off tissue/ mass) \$346.48 | <input type="checkbox"/> | <input type="checkbox"/> Epilate/ Pluck Ears \$20.00 |
| <input type="checkbox"/> | <input type="checkbox"/> Shave Paw Pads/ Trim Matts \$35.00 | <input type="checkbox"/> | <input type="checkbox"/> Chip Tartar \$35.00 |
| <input type="checkbox"/> | <input type="checkbox"/> Hip Radiographs \$170.50 | <input type="checkbox"/> | <input type="checkbox"/> Other:_____ |

Authorization

_____ I authorize anesthesia and surgery for my pet as described above. I understand that some risks, including death, always exist with anesthesia and surgery, and I am encouraged to discuss any concerns I have about these risks with the medical staff prior to your pets' anesthesia. I will not hold Brigadoon Animal Hospital, the veterinarians, or any hospital staff member liable for any complications that may or should arise in my pets' medical treatment and care.

_____ **I accept full financial responsibility for the services rendered on behalf of my pet.** I understand that payment is due in full upon release of my pet. I understand that Brigadoon Animal Hospital does not have a payment plan, extended credit plan or billing policy. Any estimates presented are estimates only. I agree to pay the final bill at the time of discharge.

_____ I understand that the hospital is not liable for any lost or damaged personal property (leashes, collars, etc.) that are left in the hospital.

If other unforeseen issues, for instance eye, ear or skin infections, are found or if the procedure(s) become urgent or emergent (please initial applicable space)

_____ I authorize the veterinarian to do whatever is medically necessary

_____ I authorize procedures up to an additional \$150

_____ I do NOT authorize any further procedures

In the event of an emergency, I understand the attending veterinarian will make every effort to contact me regarding treatment of my pet. If I can not be contacted I select the following resuscitation option:

- I give permission to perform life sustaining procedures - CPR (additional charges apply)
- I **DO NOT** authorize life sustaining procedures- DNR (do not resuscitate)

By signing below you agree that you are the owner/ agent for the described animal and have read and fully understand this general anesthesia consent form.

Owner/ Agent Printed Name:_____ **Contact Number:**_____

Owner/ Agent Signature:_____ **Date:**_____

Brigadoon Staff Signature:_____ **Date:**_____