



Anesthesia/Surgical Consent

Client Name: _____ Phone Number: _____

Pet Name: _____ Surgical Tech: _____

Pre-Anesthetic Bloodwork

It is important to understand that a pre-anesthetic profile does not guarantee the absence of anesthetic complications. It may, however, greatly reduce the risk of complications as well as identify medical conditions that could require medical treatment in the future. Our greatest concern is the well-being of your pet. Disorders of the liver, kidneys, or blood are not detected unless blood testing is done. Abnormalities of any of these may increase anesthetic risk. For these reasons we highly recommend pre-anesthetic blood screens.

*Pre-Anesthetic Bloodwork is required for pets 7 years and older.

_____ Yes, I want my pet to receive the pre-anesthetic blood work.

_____ I decline the recommended pre-anesthetic blood work for my pet and understand the surgical risks.

I.V. Fluids - * Required for patients 7 years and older.

I.V. fluids maintain your pet's hydration while in surgery. Fluid help balance blood pressure when your pet in under anesthesia.

I.V. Pathway - *Required for all patients.

Gives the doctor direct access to your pet's veins should an emergency occur.

_____ I elect to have I.V Fluids for my pet.

_____ I decline the recommended I.V. Fluids

Additional Services Available

- _____ K- Laser Therapy.....\$34.67 Promotes Healing, Reduces Inflammation
- _____ Phovia..... \$25.00 Natural skin regeneration & deep skin repair for quicker healing
- _____ Microchip..... \$52.21 Permanent Identification.
- _____ Baby Teeth Extractions.....\$28 -\$40 Pull retained baby teeth (if recommended by doctor)
- _____ Scrape of Tarter of Teeth.....\$31.04 Scrape minor tarter build up.

Dental Extractions

_____ I understand that extractions may be deemed medically necessary w/any dental procedure. This may not have been on my original estimate.

- Minor Adult Teeth Extractions..... \$30 (1-5 teeth) - \$42 (6-10 teeth)
- Adult Molar..... \$90 (per molar)
- Adult Canine..... \$150.00 (per canine tooth)

In the event that your pet should experience cardiac or respiratory arrest.

_____ I agree to CPR being performed _____ I decline CPR (Do Not Resuscitate)

I authorize anesthesia/surgery for my pet. I understand that there are risks involved undergoing and during recovery from anesthesia and/or surgery. The nature and risks of this procedure have been explained to me. My signature on this consent form indicates that my questions have been answered to my satisfaction. I



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authorize 2nd Avenue to perform any additional diagnostic, treatment, or surgical procedure(s) deemed necessary for medical or surgical complications or any unforeseen circumstances. While 2nd Avenue Animal Hospital provides the highest quality of anesthesia monitoring and surgical services, I understand the risks and understand that the veterinarians and hospital team will do everything possible to reduce any risks. I hereby release 2nd Avenue, their agents and/or representatives from all liability for any complications that may arise.

Print/Sign: _____ Date: _____