

Urbana Veterinary Clinic Surgery & Anesthesia Consent Form 2015

Date: _____ Owner/Agent Name: _____ Pet's Name: _____ Last Meal: _____

As owner/agent of the pet described above, I hereby give my consent to the Urbana Veterinary Clinic to perform the following under general anesthesia

Procedure(s): _____

General Information Regarding Anesthesia:

Anesthesia – We use the same safe Isoflurane and Sevoflurane gas that is often used in human medicine. Both gases are primarily eliminated through the respiratory tract rather than through the kidneys or the liver. This helps to reduce the risks associated with anesthesia and allows for a quicker recovery.

Monitoring – Your pet is closely monitored throughout the entire procedure/anesthesia. Your pet's temperature, blood pressure, heart rate and rhythm, respirations and oxygen levels are continuously checked by our staff and modern electronic monitoring equipment.

Intravenous catheter with fluids – Administration of intravenous fluids helps your pet recover more quickly from anesthesia, maintains blood pressure, and increases circulation during anesthesia. The intravenous catheter can save vital time in the rare event of an anesthesia complication.

* We recommend an IV catheter and fluids for every patient as an important safety precaution. (\$45) ___ Yes ___ No

Pre-anesthetic Blood Safety Screen – Our on-site laboratory lets us screen for hidden problems before your pet's treatment begins. These tests can also indicate chemical imbalances that could affect your pet under anesthesia and provide a baseline for any future health concerns.

* We recommend this bloodwork for ALL of our patients undergoing anesthesia. (\$52) ___ Yes ___ No

Pain Management – Your pet's comfort is important to us and we believe alleviation of pain expedites the healing process.

* We recommend pain medications for ALL of our patients. (\$8-\$12) ___ Yes ___ No

Feline (Due Date)	
<input type="checkbox"/> FRT (\$40)	_____
<input type="checkbox"/> Leukemia (\$25)	_____
<input type="checkbox"/> Rabies (\$25)	_____
<input type="checkbox"/> FeIV/FIV testing (\$40)	_____
<input type="checkbox"/> Microchip (\$51.50)	_____
<input type="checkbox"/> Front Declaw (1-2 nights in clinic)	_____

Canine (Due Date)	
<input type="checkbox"/> DHPP (\$40)	_____
<input type="checkbox"/> Leptospirosis (\$6)	_____
<input type="checkbox"/> Rabies (\$25)	_____
<input type="checkbox"/> Heartworm check (\$24)	_____
<input type="checkbox"/> Microchip (\$51.50)	_____

Dental ONLY	
Dental x-ray	___ Yes ___ No
If serious changes occur:	
<input type="checkbox"/> Use best judgement	
<input type="checkbox"/> Minimal treatment	
<input type="checkbox"/> \$75 additional care	
<input type="checkbox"/> Do not exceed \$	_____

Authorization and Risk Assessment:

I understand that during these procedures great care is taken to ensure my pet's health, but unforeseen conditions may be revealed that necessitate an extension or variance in the procedure(s) defined above. I authorize Urbana Veterinary Clinic to perform any additional diagnostic, treatment or surgical procedure(s) deemed necessary for medical or surgical complications or any unforeseen circumstances. While Urbana Veterinary Clinic provides the highest quality of anesthesia monitoring and surgical services, I understand the risks and understand that the veterinarians and clinic team will do everything possible to reduce any risks. I will not hold Urbana Veterinary Clinic, the veterinarians or any team member liable for any complications that may arise.

I understand that any unpaid balance on my account will bear an interest rate of 2% monthly. If no payment or contact is made within 60 days, my account may be sent to collection.

In addition, if any external parasites are observed on my pet, (s)he will receive treatment at my expense.

By signing this document, I certify that I have read this document, understand it, and have had all of my questions answered to my satisfaction and I agree to the conditions of treatment.

My signature below authorizes the veterinarians at Urbana Veterinary Clinic to perform said procedure(s)/treatment(s) described above.

Owner/Agent's Signature: _____

Date: _____

Phone number(s) where I can be reached: _____