

Animal Clinic of Chardon, Inc.

656 Water St.
Chardon, OH 44024
(440) 285-9191

Surgery/Pre-Anesthetic Consent Form

Date: _____

Your Name: _____ **Pet's Name:** _____

Medical History

Is your pet currently taking any medications? yes no _____

Does your pet have a known bleeding or seizure disorder? yes no

Has your pet had any previous allergic reactions? yes no

Is your pet in heat, recently out of heat, or potentially pregnant? yes no

Has your pet vomited, had diarrhea, coughing or sneezing episodes in the past week? yes no

Has your pet eaten any food today? yes no

Are there any pertinent medical issues of which we are unaware: _____

Procedure(s) Being Performed Today: _____

Diagnostic Testing and IV Fluids

All patients undergoing anesthesia will have an intravenous catheter placed to allow for administration of fluids during the procedure (to help support blood pressure & kidneys), and to facilitate emergency treatment if needed. Patients will be monitored during and after anesthesia. We require pre-anesthetic screenings prior to all anesthetic procedures. This information helps us know whether we need to take additional precautions with your pet or postpone the procedure pending treatment. Tests done more than 8-12 weeks prior to anesthesia will need to be repeated, depending on age and health status.

In addition, your pet needs the following:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Culture & Sensitivity | <input type="checkbox"/> Heartworm Test | <input type="checkbox"/> Complete Urinalysis | <input type="checkbox"/> Electrocardiogram (ECG) |
| <input type="checkbox"/> Cytology | <input type="checkbox"/> Fecal (stool) check | <input type="checkbox"/> Radiology (abdomen) | <input type="checkbox"/> Radiology (chest) |
| <input type="checkbox"/> Additional Pain Management | <input type="checkbox"/> Microchip | <input type="checkbox"/> Vaccinations: | <input type="checkbox"/> Other: |

Elective Procedures *available at reduced cost while your pet is under anesthesia

- Nail Trim Flush and Clean Ears Express anal glands Other:

Important After-Care Items:

1. Our doctors believe all pets having a surgical procedure should go home with an "e-collar" to prevent licking or pulling at sutures. Would you like us to provide you with one fitted to you pet at discharge? (please select below)

- YES I want an e-collar. NO I have one at home/will take the risk.

2. We also advise several days of a bland, soft diet after any anesthetic procedure and especially with oral surgery. Most of our patients go home with Hill's Intestinal Diet (I/D) canned food. It is formulated to ease nausea and aid in healing, plus it makes after-care easier for you! Would you like us to send this home with your pet upon discharge? (please select below)

- YES I/D canned food. NO I will cook a bland, soft diet for my pet.

Consent/ Authorization

I hereby authorize Animal Clinic of Chardon to use general anesthesia on my pet for the above treatment/surgery/dentistry listed. I understand that anesthesia poses a risk to my pet, regardless of health status. In the event of any unforeseen anesthetic complications, I authorize the doctors and staff to use reasonable measures in treating my pet and accept all charges that are incurred as a result of such action. I understand that no guarantee of successful treatment is made.

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How would you like us to notify you when your pet wakes from anesthesia or with any questions:

- Our ACOC App Chat (must have installed) Text to: Phone call:
 Other: _____

***PLEASE NOTE:** It is very important you provide us with a means to contact you during your pet's procedure, if you do not respond within 10 minutes, it may be necessary to wake your pet up from anesthesia even if it means not performing additional treatment unless you give the doctor full discretion as to the treatment required and accept all charges associated without contacting you (additional signature required below)

Signature of owner or agent: _____

In the event that I am unable to be contacted after Animal Clinic of Chardon has made reasonable attempts, I authorize the doctor to perform additional treatment as he/she deems necessary and time sensitive in conjunction with today's procedure(s). I agree to pay for all charges associated with these additional procedures. **Initials:** _____