ROSS BRIDGE ANIMAL HOSPITAL

2001 Greenside Way, Hoover, AL 35226
205-208-0301
rossbridgeanimalhospital@gmail.com

FOR OFFICE USE ONLY:
Procedure(s) to be Performed: _____
Veterinarian for Procedure: _____
Check-in Nurse: _____

Surgical/Dental Combo Anesthesia Consent Form

For

_____
Patient Name

Date and Time of last meal: _____

Current Medications: _____

Pre-Anesthetic Bloodwork:

Any procedure requiring general and/or local anesthesia can carry risks of serious complications or death. To minimize these risks, bloodwork is recommended in order to assure proper function of organs, platelets, as well as red and white blood cells. The Complete Blood Count (CBC) is a more sensitive indicator of disease than the physical exam alone, as these values can change within hours due to acute infectious diseases. Abnormal glucose levels can increase anesthetic risk and differ markedly between fasted and non-fasted samples, breeds age, sick, and healthy patients. Evaluating electrolytes, hematocrit, and total protein in fasted patients is essential for monitoring during anesthesia, minimizing the risk of arrhythmias and hypotension, and facilitating patient recovery.

Please initial below for your decision on the recommended BLOODWORK outlined above:
(The cost for this bloodwork is $161.20)

YES _____ NO _____

Would you like us to fit your pet for an Elizabethan Collar (cone, e-collar) to prevent your pet from licking the incision?

YES _____ NO _____

We offer HomeAgain microchips here at Ross Bridge Animal Hospital and we recommend that all of our patients have one. The cost of this service is $62.63. Would you like us to perform this service today while your pet is here with us? (initial one):

YES _____ NO _____ Already Microchipped _____

If we find diseased teeth that need to be removed, you would like us to (please initial one):

_____ Proceed with extracting any teeth the Doctor deems necessary.

_____ Call the number listed at the end of this form PRIOR to extracting any teeth.

Would you like your pet to have any additional services performed while they are sedated?

Nail trim _____ Other (Please explain): _____

Should unexpected life-saving emergency care be required, I would like the hospital staff to (initial one):

_____ Make every effort to resuscitate.

_____ Do not attempt resuscitation.

As the owner of _____, I certify that I am over the age of 18; and I authorize the staff of this hospital to perform the procedure(s) listed above, as well as those deemed necessary to treat life-threatening emergencies. I understand that there are risks inherent with any anesthetic procedure, as well as any accompanying treatments. I acknowledge that staff members at this hospital have explained the procedures to me, answered questions to my satisfaction, and cannot be held responsible for any unforeseeable results.

While I accept that all procedures will be performed to the best of the abilities of the staff at this facility, I understand that veterinary medicine is not an exact science and that no guarantees have been made regarding the outcome of the procedure today. I have read and understand the nature of the above procedure and accept the specific terms and conditions set forth herein. I acknowledge that if I requested an estimate, I have discussed the estimated cost of the procedure with the front office staff, nurse staff, or a doctor PRIOR to the procedure being performed. I understand that it is my responsibility to discuss any questions regarding cost with the front office staff PRIOR to the procedure being performed.

I acknowledge that I am responsible for payment in full for the above procedure and treatments at the time my pet is discharged.

Owner Signature: _____ Date: _____

For us to call before, during, or after the procedure,
Please list the BEST Contact Phone Number for today: _____