

Surgery & Anesthesia Consent Form



Cleveland Park East Animal Hospital



Date: _____
Client's Full Name: _____
Pet's Name: _____
Anesthetic/Surgical Procedure to be performed: _____

While under our care for surgery and/or anesthesia your pet will receive the following as indicated:

Preanesthetic preparation: Your pet will receive pre-surgical bloodwork, IV catheter placement and a physical examination prior to anesthesia to assess and minimize the anesthetic risk for your pet. Any abnormalities will be addressed.

Fluid Therapy: An intravenous catheter is placed to provide us with an easy route to administer medications and fluids (which support kidney function and blood pressure) during the procedure.

Anesthetic Monitoring: Heart rate, respiration rate, blood pressure, oxygenation, temperature and anesthetic depth are all monitored to maintain your pet's health while he/she is under anesthesia.

Pain Management: We will proactively manage pain associated with any procedure with appropriate pain management medications before, during and after the procedure. As with any drug, side effect may be associated with their administration.

Authorization and Risk Assessment:

I authorize the doctors and staff of Cleveland Park East Animal Hospital to perform the above listed procedures up to and including any additional diagnostic, treatment, or surgical procedure(s) deemed necessary for medical or surgical complications or otherwise unforeseen circumstances. While Cleveland Park East Animal Hospital provides the highest quality of anesthesia monitoring and surgical services, I understand that there are rare complications associated with any anesthetic or surgical procedure. No warranty or guarantee has been given to me as to the results or cure afforded by these treatments or procedures.

I fully understand these risks and understand that the veterinarians and hospital staff will to minimize such risks. I will not hold Cleveland Park East Animal Hospital, the veterinarians, or any staff member liable for any complications that may arise.

I HAVE READ AND FULLY UNDERSTAND THIS SURGERY AND ANTHESIA CONSENT.

€ I have not given my pet any food or water after 6 pm on the night before the procedure, unless otherwise advised by my doctor. I understand that this is important for anesthesia safety.

Signature: _____

Date: _____

Phone numbers where I may be reached the day of the procedure:
