



## SURGERY AND ANESTHESIA CONSENT FORM

**Client Name:** \_\_\_\_\_  
**Patient Name:** \_\_\_\_\_  
**Procedure(s):** \_\_\_\_\_

### Hospitalization / Surgical Information

- Preparation—the skin around the surgical area will be clipped and scrubbed with an antiseptic. We follow sterile procedures (surgical preparation, surgical packs, and surgical attire).
- Monitoring—we further minimize anesthetic risk by monitoring heart rate and rhythm, respiration rate and quality, blood pressure, oxygenation, and depth of anesthesia during the procedure.
- Catheterization—for most surgical procedures, 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.
- Pain Management— we will proactively manage pain associated with any procedure with appropriate pain management medications. As with any drug, side effects may be associated.

### Authorization and Risk Assessment

- I authorize anesthesia/surgery for my pet. I understand that some risks always exist with anesthesia and/or surgery, such as: organ failure, paralysis, or death. While All Cypress Veterinarian Hospital provides the highest quality of anesthesia monitoring and surgical services, I understand that there are rare complications associated with any anesthetic or surgical procedures. I will not hold All Cypress Veterinarian Hospital, the veterinarians, or any staff member liable for any complications that may arise.
- We require a blood screen, surgical IV fluids and pain medication prior to all surgical procedures. These include, but are not limited to: OHE "spay," NEUTER, EAR CROP, DECLAWS and DEW CLAW REMOVAL. There will be a surcharge of \$25.00 for any female (canine/feline) in heat and an additional \$25.00-\$50.00 charge for any female (canine/feline) that is pregnant. Please let us know if you do not want your pet spayed in the event that she is pregnant. The procedure will be performed unless we are notified in advance.
- I have not given my pet any food after 10 pm on the night before the procedure, unless otherwise advised by my doctor. I understand that this is important for anesthesia safety.

**I HAVE READ AND FULLY UNDERSTAND THIS SURGERY AND ANESTHESIA CONSENT FORM.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone numbers where I may be reached today: \_\_\_\_\_ / \_\_\_\_\_