

Pre-Anesthetic Consent Form



Patient Information	
Date _____	
Client Name: _____	Patient: _____ Age: _____
Current Address: _____	
Phone (____) _____	Work Phone (____) _____ Cell Phone (____) _____
The best time to contact me is: _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. on my <input type="checkbox"/> Home phone <input type="checkbox"/> Work phone <input type="checkbox"/> Cell phone	
*** IT IS VITAL THAT WE HAVE A WAY TO CONTACT YOU WHILE YOUR PET IS HERE FOR SURGERY TODAY***	
Procedure to be performed: <input type="checkbox"/> Spay/Neuter <input type="checkbox"/> Dental Cleaning +/- Tooth Extractions <input type="checkbox"/> Surgery _____	
<input type="checkbox"/> X-rays <input type="checkbox"/> Ear Flushing <input type="checkbox"/> Other _____	
**** FULL payment is due at the time of service. ****	Estimated Surgery Price \$ _____

Your pet is scheduled for a procedure that requires anesthesia with Ripley Paws Veterinary Clinic. We would like to take this opportunity to **recommend pre-anesthetic testing and explain why it is important to the health of your pet.**

Like you, our greatest concern is the well-being of your pet. Before placing your pet under anesthesia, our veterinarian will perform a complete physical examination to identify any existing medical conditions that could complicate the procedure and compromise the health of your pet.

However, there is always the possibility a physical exam alone will not identify all of your pet's health problems, we strongly recommend that a pre-anesthetic profile (combination lab blood tests) be performed prior to anesthesia. The tests check for various abnormalities such as:

- **kidney insufficiency**
- **liver insufficiency**
- **high or low blood sugar**
- **high white blood cells indicating infection**
- **red cell counts indicating anemia**
- **clotting problems**
- **many other internal disorders**

Because these tests are so important, we may require them with certain conditions or for older pets. It is important to understand that a pre-anesthetic profile does not guarantee the absence of anesthetic complications. It may, however, greatly reduce the risk of complications as well as identify medical conditions that could require medical treatment in the future.

Please be aware if the doctor needs to perform any different or additional procedures than what is described above while your pet is in the hospital and we cannot contact you, the procedure will not be performed. **PLEASE RECHECK YOUR CONTACT INFORMATION.**

Recommendations:

Blood Work:

- Under Age 1:** Recommended
 - Blood Chemistry 10/ Complete Blood Count/ Electrolytes
- Ages 1-4:** Highly Recommended
 - Blood Chemistry 10/ Complete Blood Count/Electrolytes
- Ages 5-7:** Mandatory
 - Blood Chemistry 10/ Complete Blood Count/Electrolytes
 - Highly Recommended (Chemistry 17)
- Ages 8 and up:** Mandatory
 1. Blood Chemistry 17 Complete Blood Count/ Electrolytes

Intravenous Catheter:

For all ages, but especially in older animals and complicated anesthetic procedures we also recommend placement of an IV catheter to help with **dehydration and blood pressure** during the procedure as well as providing **access to a vein in case of emergency.**

IV catheter placement plus fluids during the procedure (included w/ regular priced spay and neuter procedures)

Pain Medication

Please send home pain medication for after my pet's procedure (prices vary based on weight and procedure)

I hereby authorize Dr. Barickman, Dr. Welling, Dr. Schreckengost and whomever they may elect to perform the procedures designated on this form _____ (initial)

I AGREE to procedures marked above _____ (initial)

I DECLINE the recommended testing and understand the risks associated with this decision. _____ (initial)

Additional Services While Under Anesthesia:	<input type="checkbox"/> No Additional Services Requested
<input type="checkbox"/> Examination for the following problem/illness (please describe) _____	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> Estimated Total \$ _____ </div>
Vaccinations: DOG: <input type="checkbox"/> DHPPC/DHLPP <input type="checkbox"/> Bordetella <input type="checkbox"/> Rabies 1y/3y <input type="checkbox"/> Lymes	
CAT: <input type="checkbox"/> FVRCP <input type="checkbox"/> FeLV (testing may be needed) <input type="checkbox"/> Rabies 1y/3y	
<input type="checkbox"/> Feline Leukemia/FIV Test (HIGHLY recommended for all cats)	
<input type="checkbox"/> Sanitary Clip or Trim Mat <input type="checkbox"/> Remove Deciduous/Baby Teeth <input type="checkbox"/> 4Dx Test (Lyme, Anaplasmosis, Heartworm, Ehrlichia) <input type="checkbox"/> Rear Dew Claw Removal <input type="checkbox"/> Microchip Permanent ID <input type="checkbox"/> Fecal/Check for Worms <input type="checkbox"/> Ear Cleaning <input type="checkbox"/> Anal Gland Expression <input type="checkbox"/>	

Signature _____
Date