

HICKMAN MILLS ANIMAL HOSPITAL

AUTHORIZATION FOR SURGICAL/SEDATED MEDICAL TREATMENT

OWNER'S NAME (First and Last): _____

PET'S NAME: _____ SPECIES: _____

I am the owner and/or authorized agent of the animal described above and attest that I have the authority to execute this consent form. I hereby consent to and authorize the performance of the following procedure(s):

*Because a physical exam alone can not identify all of your pet's potential health problems, pre-anesthetic blood work is recommended for all patients undergoing general anesthesia or sedation. A pre-anesthetic lab panel can be run in house to detect any potential abnormalities that would alter our anesthetic plan or contraindicate surgery/anesthesia. **This blood panel is MANDATORY for pets over the age of 7yo.**

I agree to have this blood panel run on my pet (Panel is a Chem10/Lytes/CBC cost \$152.00)
 I am declining pre-anesthetic blood work for my pet under 7yo.

*An IV catheter and IV fluids are recommended for any pet undergoing sedation/anesthesia and/or surgery. An IV catheter allows us immediate access to a patient's venous system in the event of an emergency, and perioperative IV fluids allow for a boost in hydration as well as regulation of blood pressure and adequate circulation to all vital organs. **IV catheters and IV fluids are MANDATORY for pets over the age of 7yo.**

I agree to have an IV catheter and IV fluids for my pet (Cost is \$92.00)
 I am declining IV catheter and IV fluids for my pet under 7yo.

***CPR directive:**

I agree to allow the veterinary team to perform cardiopulmonary resuscitation (CPR) and any other emergency life-saving measures deemed necessary in the event of an unforeseen medical emergency. The medical team will attempt to reach out in the event of an emergency, but if contact can not be established, they will provide life saving measures until a directive may be obtained or until the veterinarian no longer deems it a viable option. I understand that these measures will be taken with the intention of preserving my pet's health and well-being, and I accept responsibility for any associated costs.

I do NOT wish for CPR to be performed on my pet in the event of a medical emergency.

***Microchip:**

I agree to have my pet micro-chipped while under anesthesia (Cost is \$69.00)
 I am declining a microchip for my pet

***Fasting:**

I can attest that to my best knowledge, my pet has been withheld from food/treats since 20:00 (8:00pm) last night

My pet was not withheld from food/treats in the specified time. I understand this may potentially cause some additional complications and I am electing to proceed with anesthesia/surgery. *****There will**

be an additional anti-nausea injection added for an additional body-weight based fee to decrease the likelihood of vomiting due to not having been fasted.***

*For dental procedures, oftentimes we as a medical team may not be fully aware of the extent of required dental work until the patient is under anesthesia and a full mouth exam (+/- dental radiographs) is performed. In the event that dental extractions are indicated for your pet:

In: ____ I agree to authorize dental extractions as deemed necessary by the veterinarian in the event that I am unreachable by phone during the procedure. The cost for these extractions is not included in the dental scale and polish and will be dependent on the pricing structure for our dental extractions.

***Flea/Tick Agreement:**

In: ____ In the interest of keeping our facility free of parasites, if live fleas or ticks are found on your pet while they are in our care, we will treat them at your expense (cost varies by body weight).

I, the undersigned, hereby confirm that I am the rightful owner of the pet named above and authorize the veterinarian and veterinary team to perform the specified sedated/anesthetized/surgical procedure. Additionally, I grant permission for the administration of anesthesia and any other medications deemed necessary for the safety and well-being of my pet during the procedure and stay in the animal hospital.

I acknowledge that I have been fully advised of the nature of the procedure to be performed, as well as the potential risks involved. I understand that there is always a risk associated with anesthesia, even in apparently healthy animals. I hereby waive any claims against the veterinarian or veterinary team for injury or illness related to this procedure, up to and including death. Additionally, I understand that unforeseen medical or surgical procedures may be necessary to ensure my pet's safety and well-being. I hereby consent to and authorize such additional procedures as deemed necessary by the veterinary and accept responsibility for any resulting additional charges.

I understand and agree that I am financially responsible for all charges incurred during the care and treatment of my pet at the facility. Payment in full is due at the time of discharge when my pet is released. Additionally, I acknowledge that there will be no overnight staff available to attend to pets. Therefore, any pets requiring specialized overnight care or monitoring will need to be transferred to a 24-hour facility.

Phone Number: _____

Secondary Phone Number: _____

Signature: _____

Date: _____