



Veterinary Medical Center of Fort Mill

2615 Hwy 160 W
Fort Mill, SC 29708

Anesthesia / Sedation Risk Consent Form

7/25/2019

Client Name: Testy Test
Address: 111 Heck Blv
Danbury, NC 27016

Phone Number: (112) 555-6767

Patient Name: Puppy
Species: Canine
Breed: Mixed
Sex: Female
Color:
Weight 0

TODAY'S PROCEDURE: _____

HAS YOUR PET HAD ANY FOOD SINCE MIDNIGHT LAST NIGHT YES NO

** vomiting during and after surgery is very common and if they aspirate food/water they can have severe anesthesia complications, including death*

IS YOUR PET TAKING ANY MEDICATIONS YES NO

MEDICATION DOSE AND TIME

GIVEN: _____

PRE-ANESTHESIA BLOODWORK

Anesthetic episodes carry an inherent risk. Undoubtedly the importance of the procedure outweighs the potential for complications. Pre-anesthetic bloodwork will help minimize the risks during anesthesia and surgery. By testing blood chemistries and hematology values, we can better evaluate the status of your pet's major organ systems. Preanesthetic bloodwork is required for anesthetic procedures.

IV FLUIDS

IV fluid administration during and after surgery maintains optimal blood pressure. It also allows for the immediate administration of IV emergency drugs should an anesthetic complication arises.

DENTAL RADIOGRAPHS

Your estimate includes dental radiographs. Dental radiographs are performed to determine the status of your pet's oral health in areas that cannot be visualized by the naked eye. Root infections/abscesses and the need to determine if a tooth needs to be extracted can sometimes only be decided with the information provided by dental radiographs. Dental radiographs pose no additional risk to your pet.

TEETH EXTRACTIONS

Many pets need to have a few teeth removed/extracted along with their teeth cleaning. Your vet may have told you this is required during the consult or that the cleaning/radiographs will be conducted and then it will be known if teeth need to be extracted. Small rooted teeth such as incisors pose limited risk for extraction, while k-9 teeth and pre-molars carry more risk such as jaw fracture or nerve damage.

- I approve dental cleaning and extractions as documented in the treatment plan.
- If additional treatment is warranted outside of the initial treatment plan, the veterinarian will call you to discuss.
- In the event that you are unreachable, you authorize \$_____ (suggested \$250-\$500) to be spent in addition to treatment plan. *If you elect \$0 and we can not reach you, then we will wake your pet up from anesthesia.

MICROCHIP PERMANENT IDENTIFICATION

- Yes, I consent to the placement of a microchip under my pet's skin for **\$50**
- No, I decline the placement of a microchip

ADDITIONAL SERVICES DURING SURGERY

Your pet will receive a complimentary pre- anesthesia exam to assess vitals, cardiac, and resp function before anesthesia. If you would like a separate health concern examined there is a separate examination fee and the

doctor will speak to you regarding the exam findings.

No, I have no health concerns that I would like examined on my pet

Yes, Exam fee \$58 additional, Describe concern: _____

NAIL TRIM \$13 YES NO

EAR CLEANING \$13 YES NO

Additional Services/Products:

Vaccines: _____

Professional Services: _____

Medication Refills/Preventatives: _____

I, the undersigned owner or agent of the pet identified above, authorize the staff of Veterinary Medical Center of Fort Mill to perform the above procedure(s).

I understand that some risks always exist with anesthesia and/ or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure(s) is/are initiated.

In the event that life saving treatments are needed:

I elect to proceed with life saving treatments.

I DO NOT elect to proceed with life saving treatments.

While I accept that all procedures will be performed to the best of the abilities of the staff at this hospital, I understand that no guarantee or warranty has been made regarding the results that may be achieved.

I also assume full responsibility for any additional expenses incurred after the surgical procedure is performed, such as follow up radiographs, re-check physical exams and additional surgery due to post-op complications. These are more likely to occur when there is a failure to comply with the aftercare instructions.

I have read and fully understand the terms and conditions set forth above.

Phone number(s) at which owner can be reached before/after procedure:

cell home work

Signature: _____

Date: _____

FOR OFFICE USE ONLY:

Receptionist: I have presented checkin sheet to client, client has filled in all check boxes and signed. I have not filled out form for client. I have confirmed that any additional products or services requested by client have been documented.

Reception Initials: _____

Surgery Technician: I have reviewed check in sheet in its entirety. I have placed all products and services on the patient visit list. I have made services requested by client orders on the patient whiteboard.

Technician Initials: _____