

# Hanging Rock Animal Hospital

## Anesthetic/Sedation/Surgical Consent Form

**To make anesthesia and surgery as safe and as comfortable as possible HRAH provides the following measures for all surgical patients:**

- **Pre-anesthetic bloodwork** – This bloodwork allows us to select the safest anesthetics for your pet based on their liver and kidney function as well as screens for diabetes and other diseases. These tests can also indicate the presence of anemia, inflammation, stress, or the inability to fight infection. Low platelets, which can lead to a potentially serious problem such as bleeding during or after surgery, are also identified with these tests.
- **IV Catheter and Fluids** – An intravenous catheter placed prior to surgery allows us to give fluids during surgery which helps us control blood pressure and body temperature as well as maintain proper hydration. This catheter also allows us to give additional injections without additional discomfort or stress. Additionally, we can immediately give medications in case of an emergency.
- **Pain Management including Class IV Laser Therapy** – We want to minimize any discomfort our patients feel after a procedure. In-hospital and at-home medications will help prevent any immediate post-surgical discomfort. Laser Therapy to decrease pain and inflammation is also used for all of our surgical patients when medically indicated.

In order to protect your pet and our other patients, all animals in the hospital must be current on rabies and distemper/parvo vaccines and have a negative fecal exam within the past year. They must also be free of external parasites. Your pet will be updated/treated, if necessary, during their stay at an additional expense.

**While under anesthesia it is an opportune time to perform other important procedures.**

I authorize the following: (please indicate your preferences below by circling your response)

YES	NO	<b>Microchip – permanent ID if your pet is ever displaced due to disaster, lost or stolen</b>	\$ _____
YES	NO	Pelvic Radiographs – screens for hip dysplasia (especially large or at risk breeds)	\$ _____
YES	NO	Extraction of “baby teeth”/dental radiographs (especially small breeds)	\$ _____
YES	NO	Dental Cleaning/dental radiographs – ultrasonically removes tarter and polishes	\$ _____

Spay - If pregnant or in-heat would you like us to continue? \_\_\_\_\_ Yes (additional charges) \_\_\_\_\_ No  
Neuter - If undescended testicles would you like us to continue? \_\_\_\_\_ Yes (additional charges) \_\_\_\_\_ No

**I understand that during the procedures prescribed below unforeseen conditions may arise that necessitate additional measures be taken to ensure the health of my pet. If I am unable to be reached at the emergency contact number below, I authorize Hanging Rock Animal Hospital to do what is deemed medically necessary by the veterinarian and any additional expenses.** I understand that payment is due when services are rendered and assume financial responsibility for all services.

I understand there are inherent risks associated with anesthesia and medical procedures and realize that results cannot be guaranteed. I, being responsible for the above animal, grant consent for Hanging Rock Animal Hospital to perform the following procedures on my pet while under general anesthesia or sedation: \_\_\_\_\_

\_\_\_\_\_  
(Please see treatment plan for a detailed account of procedure and associated costs)

\_\_\_\_\_  
Signature (Owner or Authorized Agent)

\_\_\_\_\_  
Emergency Contact Number  
(where you can be reached today)

\_\_\_\_\_  
Date