



## Informed Consent for Surgery

Client's Name \_\_\_\_\_ Pet's Name \_\_\_\_\_

Anesthetic and surgical procedure(s) to be performed: \_\_\_\_\_

Your pet is scheduled for anesthesia and/or surgery. Our greatest concern is the well being of your pet. For this reason, prior to putting him/her under anesthesia, we will perform a complete physical examination. In addition to the physical examination, we believe every pet undergoing surgery should also have pre-anesthetic blood work, pain management, IV (intravenous) catheter and IV fluids. These procedures help reduce the risk of anesthesia and make your pet more comfortable.

\*Pre-anesthetic blood profile: The pre-anesthetic blood profile is performed in order to maximize patient safety and alert the doctor to the presence of dehydration, anemia, infection, diabetes and kidney or liver disease. These pre-existing conditions could complicate your pet's procedure and compromise his/her health. These conditions may not be detected without a blood profile. The blood profile is similar to that which your own physician would run if you were to undergo anesthesia. Pre-anesthetic blood profiles may be performed a few days before or on the day of surgery.

\* IV catheter and fluids: Intravenous catheters during surgery allow us to administer fluids which help to counteract hypotension (low blood pressure) caused by anesthesia. If an emergency situation should arise during surgery, an IV catheter also allows direct venous access so that drugs can be given during the first few critical minutes of an emergency.

\* Pain Management: We believe all animals undergoing a surgical procedure should be kept pain free. Local anesthetics ("nerve blocks) are given when appropriate. We give all pets an injection of a narcotic immediately after surgery. We also offer pain medications to be given at home for the first few days after surgery. Good pain management helps pets heal faster and more effectively and relieves post-surgical discomfort.

\* Microchip: While your pet is under anesthesia, we can place a permanent ID under your pet's skin. It is a microchip that contains a personal identification number. If your pet were to become lost and is brought to a shelter or animal care facility, they will check your pet for a microchip with a special scanner. When the ID number is picked up by the scanner they will contact the microchip company's hotline and perform a quick search through their database. Once your pet is identified, you will be contacted and reunited with your pet. This procedure is an additional cost of \$64.95.

- My pet already has a microchip.  
 No, I decline microchip for my pet.  
 YES, I would like my pet to receive a microchip.

\*Hip radiographs: These are often useful in the early diagnosis of hip disease that can lead to arthritis or hip dysplasia, and must be taken while your pet is under anesthesia. This procedure is an additional cost of \$89.92.

- YES, I would like my pet to have hip radiographs taken.  
 No, I decline hip radiographs for my pet.

I, the undersigned owner or agent of the pet identified above, certify that I am \_\_\_\_\_ am not \_\_\_\_\_ (check one) eighteen years of age or over and authorize the veterinarian(s) at Peachtree Hills Animal Hospital 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. My signature on this form indicates that any questions I have regarding the following issues have

been answered to my satisfaction:

- The reasonable medical and/or surgical treatment options for my pet
- Sufficient details of the procedures to understand what will be performed
- How fully my pet will recover and how long it will take
- The most common and serious complications
- The length and type of follow-up care and home restraint required
- The estimate of the fees for all services

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 agree to assume financial responsibility for all fees and provide payment via cash, credit card or check at the time my pet is discharged from the hospital. Should unexpected life-saving emergency care be required and the hospital staff is unable to reach me, the staff has my permission to provide such treatment and I agree to pay for such services.

I understand that during the performance of medical, surgical, or anesthetic procedures, unforeseen conditions may be revealed that necessitate more extensive, costly or different procedures than originally planned. If the staff at this veterinary practice is unable to reach me, I hereby consent to and authorize the performance of such procedures as are necessary and desirable in the professional judgment of the attending veterinarian.

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

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Signature of Owner or Agent

Date

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Signature of Parent or Legal Guardian  
(if owner/agent less than 18 years of age)

Date

I can be reached at the following phone numbers:

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Primary

Secondary