



Oakhurst Veterinary Hospital
40799 Highway 41
Oakhurst, California 93644
(559) 683-2135

Anesthesia and Surgery Consent Form

Date _____ Procedure(s) _____
Pet's Name _____ Breed _____ Age _____
Owner _____ Chart # _____

In order to provide the best care for your animal friend, we recommend a thorough pre-anesthetic evaluation. For young health pets, this usually means a thorough physical examination (performed prior to surgery and included in the anesthetic charge) and a minimal laboratory panel to evaluate kidney and liver function. For older pets in whom "hidden" disease is more likely, a more extensive blood panel is recommended. In some cases additional testing such as heartworm tests, chest X-rays or electrocardiogram may be recommended.

Additional cost for your pet: _____

Please initial:

_____ Please run the needed tests on my pet.

_____ I decline any labwork prior to today's procedure.

In order to minimize the impact of anesthesia on major organs (liver, kidneys, heart, lungs, brain), we also recommend the administration of intravenous fluids during anesthesia (**a required procedure for human patients undergoing anesthesia**). This procedure is of most importance in elderly, debilitated patients or patients with known organ dysfunction, although healthy patients also benefit and experience a smoother recovery from anesthesia. The additional cost for this procedure is \$33.00

Please initial:

_____ Please place an IV catheter and administer IV fluids to my pet.

_____ I decline IV catheter and fluids during today's procedure.

Rest assured that regardless of your decisions, everything will be done to insure an uneventful anesthesia and the best possible outcome in all cases.

I authorize Oakhurst Veterinary Hospital to render diagnostic, therapeutic, and surgical procedures (including anesthesia), as necessary for this animal. I understand the necessity of these procedures, the possible complications, and that results cannot be guaranteed. I also understand that I assume all risks and full financial responsibility (to be paid at the completion of services). Veterinary service during nighttime hours and/or weekends is provided at the discretion of the doctor in charge. Continuous presence of medical personnel may not be provided during these hours.

Signature _____ Date _____