



# Indian Ridge Animal Hospital

1100 Indian Trail Drive ♦ Kingsport, TN 37660 ♦ 423-378-4753

## Surgery and Anesthesia Consent Form

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

Anesthetic and Surgical Procedure(s) to be performed: \_\_\_\_\_

### Hospitalization/Surgical Information

**Preparation** ~ The skin around the surgical area will be clipped and cleaned with an antiseptic soap. We follow sterile procedures (surgical preparation, surgical packs, and surgical attire).

**Monitoring** ~ We further minimize anesthetic risk by monitoring heart rate and rhythm, respiration rate, and quality, oxygenation, and depth of anesthesia during the procedure.

**Dental** ~ Many times the cleaning process reveals pre-existing pathology that requires the removal of certain teeth. Please initial here for permission to remove these teeth \_\_\_\_\_.

**Pre-Anesthetic Blood Work** ~ Blood can be drawn and tested to look for problems associated with the body, specifically the kidneys or liver, that may indicate a risk factor that may not be otherwise found during the routine presurgical physical examination. If you **request** pre-anesthetic blood work, please initial here \_\_\_\_\_. If you **decline** pre-anesthetic blood work, please initial here \_\_\_\_\_. **(\$70.00 Extra Charge)**

**Pain Management** ~ We can proactively manage pain associated with any procedure with appropriate pain medications. As with any drug, side effects may be associated with their administration. If you **request** pain medication please initial here \_\_\_\_\_. If you **decline** pain medication please initial here \_\_\_\_\_. **(\$25.00 and up Extra Charge)**

**Histopathology** ~ Many growths have the potential to be cancerous. It is not possible to definitively determine this potential without having the growth evaluated by a pathologist. We recommend all growths removed to have this evaluation to determine whether cancer is present or not. If you **request** histopathology, please initial here \_\_\_\_\_. If you **decline** histopathology, please initial here \_\_\_\_\_. **(\$150.00 Extra Charge)**

**Elizabethan Collar** ~ After surgery, many animals want to lick and clean the surgical site. This can lead to infection, inflammation, and removal of the sutures/staples from the incision. To prevent this issue, we recommend a collar to limit your pet's access to the surgical site. If you **request** a collar, please initial here \_\_\_\_\_. If you **decline** a collar, please initial here \_\_\_\_\_. **(\$20.00 Extra Charge)**

### Authorization and Risk Assessment

I authorize anesthesia/surgery for my pet. The nature and risks of this procedure have been explained to me. I understand that some risks always exist with anesthesia and/or surgery, and I am encouraged to discuss any concerns I have about those risks with my veterinarian before the procedure(s) are initiated. My signature on this consent form indicates that any questions have been answered to my satisfaction.

I authorize Indian Ridge Animal Hospital to perform any additional diagnostic, treatment, or surgical procedure(s) deemed necessary for medical or surgical complications or otherwise unforeseen circumstances. While Indian Ridge Animal Hospital provides the highest quality of anesthesia monitoring and surgical services, I understand that here are rare complications associated with any anesthetic or surgical procedure. No warranty or guarantee has been given to me as to the results or cure afforded by these treatments and procedures.

I fully understand these risks and understand that the veterinarians and hospital staff will try to minimize such risks. I will not hold Indian Ridge Animal Hospital, the veterinarians, or any staff member liable for any complications that may arise.

### I HAVE READ AND FULLY UNDERTAND THIS SURGERY AND ANESTHESIA CONSENT FORM.

\_\_\_\_\_ I have not given my pet food or water after 12 am on the night before the procedure, unless otherwise advised by my doctor. I understand that his is important for anesthesia safety.

\_\_\_\_\_  
Signature of the Pet Owner or Agent

\_\_\_\_\_  
Date

### Phone numbers where I may be reached today:

1. (\_\_\_\_\_) \_\_\_\_\_

2. (\_\_\_\_\_) \_\_\_\_\_