



## Anesthesia/Surgery/Dental Consent Form

Pet's Name: \_\_\_\_\_

Pet Owner's Name: \_\_\_\_\_

Contact Phone# for day of procedure (emergency contact#): \_\_\_\_\_

\_\_\_\_\_ Anesthesia:

(Initial)

I authorize the use of appropriate anesthesia for my pet. All procedures are performed with the use of general anesthesia under close cardiopulmonary monitoring and support. I understand that although great care is taken to ensure the safety of my pet, unexpected complications, including death, can occur with general anesthesia. I understand that all complications will be addressed immediately and all necessary procedures performed. I understand the hospital support personnel will be used as deemed necessary by the veterinarians.

\_\_\_\_\_ Surgical Procedure to be performed: \_\_\_\_\_

(Initial)

I have had the opportunity to discuss, understand, and ask questions about the procedure with the veterinarian. I authorize the use of appropriate pain relief medication as needed before and after the procedure. I have been informed that there are risks associated with the use of any medication.

\_\_\_\_\_ Microchip Implantation:

(Initial)

A microchip aids in the identification and recovery of a lost pet. This may be implanted while your pet is under anesthesia. Initial here if you would like to add this simple procedure to your pet's plan.

\_\_\_\_\_ Dental Surgical Consent: **PLEASE CHECK ONE BELOW:**

(Initial)

A completely thorough dental exam and dental x-rays cannot be performed until your pet is under anesthesia. I understand that dental pathology requiring surgical intervention, including dental extractions, periodontal treatment and gum surgery, may become apparent during this dental examination and x-ray study. If additional procedures are recommended:

I prefer to proceed with dental surgical procedures as deemed medically necessary by Dr. Kyle / Flores.

I prefer to be called prior to any additional procedures, other than emergencies, at the above number. However, if I cannot be reached, I authorize unforeseen non-emergency procedures.

I prefer to be called prior to any additional procedures, other than, at the above number. However, if I cannot be reached, I do NOT authorize unforeseen non-emergency procedures.

PLEASE CHECK BELOW:

\_\_\_\_\_ My pet will be properly fasted (no food past 10PM the night before surgery)

\_\_\_\_\_ My pet has no history of adverse drug reactions/allergic reactions to medications

\_\_\_\_\_ In the event of a life threatening emergency I would like the veterinarian and staff to perform CPR

If your pet is on medications, please list: \_\_\_\_\_

I am the owner or authorized agent of this animal. I authorize the veterinarians and staff of Bayou City Veterinary Hospital to perform the procedure(s) needed to ensure my pet's health. I understand the procedure and possible risk that my pet will undergo. Furthermore, in case of an emergency, I consent to any necessary procedure not set forth in this form.