

Patient Label:

**Boyd's Creek Animal Hospital  
Anesthetic Consent form**

Drop off Date/Time: \_\_\_\_\_

Pick up Time: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

E-mail: \_\_\_\_\_

Procedure:

\_\_\_\_\_  
\_\_\_\_\_

Has your pet had surgery before or been under anesthesia before **(circle)**? Yes / No  
If yes, please list any complications?

\_\_\_\_\_  
\_\_\_\_\_

When did your pet last eat? \_\_\_\_\_

Is your pet on any medications, supplements, OTC products, homeopathic remedies given in the last 24 hours? **If yes, please list:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your pet have any known allergies **(circle)**? Yes / No **If yes, please explain:**

\_\_\_\_\_  
\_\_\_\_\_

Please indicate if your pet has any of the following **(initial)**:

\_\_\_ Heart condition

\_\_\_ Pregnant

\_\_\_ Bleeding disorder

\_\_\_ Seizures

\_\_\_ Respiratory condition

\_\_\_ Diabetes

\_\_\_ Other: \_\_\_\_\_

\_\_\_ Reaction to medication - If yes, which medication(s) \_\_\_\_\_

Additional services requested **(initial)**:

\_\_\_ Nail trim

\_\_\_ Furminate/blowout/brush

\_\_\_ Heartworm test

\_\_\_ Feline leukemia/FIV triple test

\_\_\_ Vaccinations

\_\_\_ Fecal testing

\_\_\_ Express anal sacs

\_\_\_ Other: \_\_\_\_\_

**Dog:**

Tested for heartworm disease within last year **(circle)**? Yes / No  
Tested for intestinal parasites within the last year **(circle)**? Yes / No  
Current on heartworm prevention **(circle)**? Yes / No  
Current on vaccines **(circle)**? Yes / No

**Cat:**

Tested for feline leukemia & FIV within last year **(circle)**? Yes / No  
Tested for intestinal parasites within the last year **(circle)**? Yes / No  
Current on heartworm prevention **(circle)**? Yes / No  
Current on vaccines **(circle)**? Yes / No

**Pre-anesthetic Blood Testing (initial):**

In an effort to reduce anesthetic/surgical risk, we strongly recommend pre-anesthetic blood work prior to your pet's procedure. This blood work is recommended for all pets but may be REQUIRED on certain patients, and all patients over 7 years of age. There is an additional fee for pre-anesthetic blood work. Do you want your pet to have blood work done prior to the procedure?

- Yes, I want pre-anesthetic blood work on my pet
- No, I decline pre-anesthetic blood work on my pet, against medical advice.

**Catheter/Fluids (initial):**

Prior to anesthesia, an IV catheter will be placed to serve as an access port in the event life-saving drugs are needed. IV fluids given to your pet before, during, and after the surgical procedure help to maintain blood pressure and assists to quicken recovery. This is required for all surgical procedures unless otherwise indicated by the veterinarian.

**Authorization to proceed (initial):**

- I authorize the use of the appropriate anesthetics/medications. I understand that even with every conceivable precaution taken, any time an animal is anesthetized there is a risk that an adverse reaction may occur, potentially resulting in death.
- I understand that during the above listed procedure/surgery, that an unforeseen/unknown medical condition may become evident that necessitates an extension of or an addition to this procedure. Your pet may require reversal agents to reverse the effects of anesthetics. I authorize the performance of such procedures as are perceived necessary in the professional judgment of the veterinarian.
- I understand the results of any procedure/sedation cannot be guaranteed.
- I am aware of the risks and understand the information presented in this consent form.
- I have received and signed an estimate
- I have not received, nor signed an estimate

**I give authorization to proceed with this procedure/surgery and to perform any and all life-saving procedures should the need arise (circle): Yes / No (do not resuscitate, DNR)**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_