



# Randall Orchard Crossing Animal Hospital

1045 Orchard Road, North Aurora, IL 60542

Phone: (630) 723-6369 Fax: (630) 618-4824

## ANESTHETIC, SURGICAL AND MEDICAL CONSENT

Owner's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Procedure(s): \_\_\_\_\_ fasted? Yes / No

*Please read carefully!*

### **Pre-Anesthetic Blood Testing:**

We at Randall Orchard Crossing Animal Hospital recommend performing a blood test that detects dehydration, anemia, infection, diabetes, liver and kidney disease. Many conditions and/or disorders that could complicate the procedure would not be detected unless blood testing is performed. In some cases, such as older pets, *we may require this.*

Yes, I want my pet to have the blood test

No, I understand the risks and choose to go ahead with the procedure without pre-anesthetic blood work.

### **Intravenous Fluids:**

We at Randall Orchard Crossing Animal Hospital recommend administering fluids through an IV during anesthetic procedures to help support the circulatory system, maintain blood pressure, prevent dehydration, and help your pet recover more quickly from anesthesia. IV access also allows us to administer medications more quickly in case of emergency. In some cases, such as older or very small pets as well as more complex surgeries, *we may require this.*

Yes, I want IV fluids used during the procedure.

No, I understand the risks and choose to go ahead with the surgery without an IV catheter and IV fluids.

### **Procedures to be done Concurrent with Procedure:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Vaccines: _____        | <input type="checkbox"/> Ear Cleaning / Plucking          | <input type="checkbox"/> Extractions                  |
| <input type="checkbox"/> Heartworm Test         | <input type="checkbox"/> Anal Gland Expression            | <input type="checkbox"/> Oravet Application (sealant) |
| <input type="checkbox"/> Fecal                  | <input type="checkbox"/> Nail Trim                        | <input type="checkbox"/> Biopsy                       |
| <input type="checkbox"/> Microchip Implantation | <input type="checkbox"/> E-Collar                         | <input type="checkbox"/> Convenia Injection (cat)     |
| <input type="checkbox"/> Add on Dental          | <input type="checkbox"/> Yesterday's News (declaw litter) | <input type="checkbox"/> Other: _____                 |

**Please note:** Hospital policy requires immediate treatment for fleas at the owner's expense if any are found on hospitalized pets. Treatment may include using oral and/or topical treatments.

### **Medications:** Pain Medication and Antibiotics will be prescribed at the Doctor's discretion. **NOT OPTIONAL**

I, the undersigned, certify that I am the owner, or authorized agent for the owner, of the animal described above. I authorize the doctor on duty and assistants to perform the procedures listed above including the administration of pain relief medications, sedatives and/or anesthetics, as well as any necessary and appropriate medical, radiological, surgical, nursing, diagnostic, and/or emergency care for the animal. I understand that the procedures may involve risk of complications, injury, or even death, from both known and unknown causes, and that no warranty or guarantee has been either expressed or implied as to a result or cure.

Furthermore, I authorize the hospital staff in an emergency situation, to follow through with such procedures as are necessary for the well being of my pet on a continuing basis until further communication with me. I agree to assume financial responsibility for all routine and emergency services rendered.

Your signature below constitutes your acknowledgement that (1) you have read and agreed to the above, (2) the procedure(s) have been explained to your satisfaction and you have all the information that you desire, and (3) you authorize and consent to the administration of anesthesia and performance of the indicated procedure(s).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Emergency Phone: (\_\_\_\_) \_\_\_\_\_

*Thank you for trusting us with your four legged family member!*