



LINCOLNTON ANIMAL HOSPITAL, P.A.

SURGERY/ANESTHESIA CONSENT FORM

I request that my pet {NAME} receive the following procedure: {PROCEDURE}

Any overnight stay will be unattended.

I understand that the requested procedure requires general anesthesia. I acknowledge that there are inherent risks with any anesthetic event. Even when all precautions and monitoring are performed, complications are a possibility including arrhythmias, gastroesophageal reflux, slow recovery and in rare cases, death.

The prices for the options below are listed and are additional to the price of the surgery itself.

We recommend an intravenous (IV) catheter and IV fluids at the time of surgery. IV fluids help to maintain a pet's blood pressure and volume and the catheter provides a readily accessible vein if needed for medications. **ACCEPT _____ DECLINE _____**

Adequate kidney and liver function is essential to the breakdown and removal of common anesthetic agents from the body. A pre-anesthetic blood panel consisting of the following tests is recommended for all patients: **KIDNEY EVALUATION (BUN, CREA);LIVER EVALUATION (ALKP, ALT);COMPLETE BLOOD COUNT (CBC);BLOOD GLUCOSE AND TOTAL PROTEIN, AND ELECTROLYTES.** **ACCEPT _____ DECLINE _____**

Feline Leukemia/Aids/Heartworm test for cats: **ACCEPT _____ DECLINE _____**

We recommend a potent anti-nausea injection for your pet that will last in their system for 24 hours. This will allow your pet to feel better and to have a smoother recovery from anesthesia. **ACCEPT _____ DECLINE _____**

Pain management is important for the comfort and healing of our patients. Our pain management pack includes a nonsteroidal anti-inflammatory injection and an oral four day pain pack to go home. **ACCEPT _____ DECLINE _____**

If a permanent tooth has erupted and a baby tooth is retained, an abscessed tooth or malalignment of the teeth will result. **ACCEPT _____ DECLINE _____**

The leading cause of death for our pets is getting lost without identification. The PetLink microchip is a professional and permanent way to identify your pet that's proven safe and effective. **ACCEPT _____ DECLINE _____**

Elizabethan collar **ACCEPT _____ DECLINE _____**
Histopath (if recommended by doctor) **ACCEPT _____ DECLINE _____**

Signature of Pet Owner: _____ Date: _____

NUMBER WHERE YOU CAN BE REACHED TODAY _____