



# Pre-Anesthesia Consent Form



Please fill out this form & bring it with you when you admit your pet for his/her anesthetic procedure.  
If you have any questions please do not hesitate to call us at 618.222.9860.

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

Procedure: \_\_\_\_\_ Date of Procedure: \_\_\_\_\_

Best Friends Animal Hospital always has the safety & comfort of our patients as the highest priority. When our pets undergo anesthetic procedures, complications can arise. To limit the risks of anesthesia to your pet, we will perform a complete physical exam, place an intravenous catheter prior to their procedure (exceptions can occur for aggressive animals), use high-tech vital sign monitoring, tailor our pain control to the needs of the individual, & your pet will recover in our intensive care unit (ICU).

During the physical exam we will look at all body systems but specifically, we are looking for things that could place your pet at higher risks during anesthesia. The catheter will allow the doctor to administer anesthetic drugs, fluids or emergency medications, should they be needed. Vital sign monitoring can help us detect problems early, which is when they are most easily corrected. In our ICU, we will monitor your pet until he/she has fully recovered. This greatly enhances the safety of recovery, but also allows us to adjust pain medications so each patient gets individualized pain control.

Despite our best efforts, risk factors can be present that we cannot detect without additional testing. We recommend that all patients undergoing anesthesia receive screening for problems that cannot be detected during the physical exam. The screening tests include lab work and an EKG for all patients. The lab work recommended is more extensive as patients get older, or for those having preexisting health conditions. An EKG will look for signs of an irregular heart rhythm. The lab work consists of blood work to look for kidney or liver problems, anemia, low protein, blood sugar, and more.

Please check the appropriate box below, under the category that best describes your pet  
- young (<6yrs) & healthy, OR mature or with preexisting conditions:

	Young (<6yrs) & Healthy	Mature (>6yrs) or With Preexisting Conditions
<b>Description of Screen</b>	<ul style="list-style-type: none"> <li>• PCV/TP</li> <li>• Abbreviated Blood Chemistry</li> <li>• Preanesthetic EKG</li> </ul>	<ul style="list-style-type: none"> <li>• Complete blood count</li> <li>• Complete chemistry panel</li> <li>• Urinalysis</li> <li>• Preanesthetic EKG</li> </ul>
<b>Cost</b>	Package Price = \$72.00	Package Price = \$136.00
<b>Authorization</b>	<input type="checkbox"/> Yes, I would like this screen. <input type="checkbox"/> No, I decline & understand my pet could have conditions that place him/her at risk.	<input type="checkbox"/> Yes, I would like this screen. <input type="checkbox"/> I decline this screen, but would like the Young & Healthy version. <input type="checkbox"/> No, I decline & understand my pet could have conditions that place him/her at risk.

Anesth Consent Form Pg 2:    Owner's Last Name: \_\_\_\_\_ Pet: \_\_\_\_\_ Date: \_\_\_\_\_

Please note that for any non-routine surgery (not a spay, neuter or dental cleaning), we will give you an estimate of charges so you are fully aware of the costs we anticipate and we will ask for a 50% deposit *prior* to performing the surgery. The balance will be due when picking up your pet. We accept cash, credit cards, debit cards and Care Credit.

After surgery when your pet has recovered, we customarily offer him/her some water and a small amount of a bland diet as he/she didn't have breakfast. Is your pet on a special diet EXCLUSIVELY (this is ALL he/she is allowed to eat)? YES / NO **If yes**, did you bring a small amount with you? YES / NO

Please check the box for any additional procedures you would like performed today. If you are not familiar with any procedure listed, please ask our team to clarify for you.

- Microchip Placement (\$46.00)       Final Vaccine Series (puppies & kittens \$92.00)
- Ear Cleaning (\$12.00)       Anal Glands (\$25.00)       JPS Screen X-ray (\$63.95)
- Pull Puppy Teeth (price dep on number of teeth and ease of extraction)       E-Collar

YES / NO Please give my pet a FREE nail trim while he/she is sedated.

- *I understand that if my pet is found to have fleas that Best Friends Animal Hospital will treat my pet and I will be charged accordingly.*      **Initials:** \_\_\_\_\_

**Fear Free Protocol:**

Did we prescribe medication to minimize stress & anxiety? YES / NO / DON'T KNOW

If YES, Did you administer medications last night? YES / NO / DON'T KNOW

Did you administer medication this morning? YES / NO / DON'T KNOW

**Please list any medications (other than Fear Free meds mentioned above & monthly heartworm/flea/tick preventions) that your pet is currently taking and when the last dose was given.**

Medication	Strength/Size	Last Given

**Contact Information- Where Can We Reach You TODAY?**

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Emergency Contact (if you cannot be reached): Name: \_\_\_\_\_

Relationship to Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

- *If I can't be reached, I authorize the above person to act on my behalf regarding the medical care my pet should receive. I understand I assume full and total financial responsibilities for any and all services rendered as a result of their decisions. Initials: \_\_\_\_\_*

**In Case Of An Emergency (Please choose only one):**

1) I authorize the doctors and staff of Best Friends Animal Hospital and Pet Resort in an emergency situation to follow through with such procedures as are necessary for the well-being of my pet on a continuing basis regardless of the additional cost which I understand cannot be estimated or calculated at this time. I understand that I assume all financial responsibility for all services rendered and inventory utilized during this emergency procedure.

*Initials: \_\_\_\_\_ OR*

2) If an emergency situation develops and neither I or my emergency contact can be reached at the telephone numbers given, I authorize the doctors and staff of Best Friends Animal Hospital and Pet Resort to continue treatment but the emergency procedure cost should not exceed \$\_\_\_\_\_. I understand that this cost is in addition to services in the original estimate for surgery/anesthesia.

*Initials: \_\_\_\_\_ OR*

3) I DECLINE any emergency treatment if complications develop before, during or after the procedure.

*Initials: \_\_\_\_\_*

As the owner or representative of the owner, I authorize the surgery/anesthetic procedures outlined in my estimate & that payment in full is due when picking up my pet. I do hereby acknowledge that there are no guarantees either implied or expressed that the procedures authorized will be without complications from unexpected events beyond the veterinarians' and hospital's control. For the pet's safety, I understand that all cats need to leave the hospital in a carrier (one can be borrowed or purchased here) & all dogs need to leave on a leash (one can be borrowed).

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

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