



# ANIMAL HOSPITAL OF WAYNESBORO

## ANESTHESIA CONSENT FORM

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

Patient's Name: \_\_\_\_\_ Species: \_\_\_\_\_

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

**I am the owner or the agent for the owner of the animal described above, and I have the authority to execute this consent. I take responsibility in the event the doctor or hospital suffers damage due to treatment that I have authorized.**

I hereby consent and authorize Dr. Gregory Lorenz, Dr. Valerie Weiss, Dr. Michelle Weeks, or Dr. Stacy Reeder to put my pet under anesthesia for the following procedure

\_\_\_\_\_ .

I understand that there are certain risks and complications associated with anesthesia. I further understand that during the course of performing the authorized procedure, unforeseen conditions may arise that necessitate the performance of additional procedures.

I understand that because the doctors at the Animal Hospital of Waynesboro consider the placement of an IV catheter and administration of fluids to be important for this procedure, it is included in the cost. During anesthesia an animal's blood pressure can drop and this may damage the kidneys. By providing IV fluids, your pet's blood pressure will better stay in the normal range during anesthesia. The IV catheter also provides quick access for injections.

I understand that my pet will be treated for fleas and/or ticks if observed. I assume full responsibility for any treatment expense incurred.

The Animal Hospital of Waynesboro will conduct a full physical exam prior to anesthesia. If we have not seen this animal within the past year, an appropriate fee will be charged. Many conditions, including disorders of the liver, kidneys, or blood are not detected unless blood testing is performed. For this reason we recommend screening prior to administering anesthesia. Information about the tests included in the pre-anesthetic blood screen is enclosed. The cost of these important tests ranges between \$62.55 and \$70.00. The pre-anesthetic blood screen is more cost effective if done prior to the procedure. Please ask us if you have any questions about the time frame.

I authorize a pre-anesthetic blood screen for my pet.  YES  NO

Client Name: \_\_\_\_\_

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

Please leave us telephone numbers to contact you at any time during the day. This is very **important** in case questions arise.

Telephone #1 \_\_\_\_\_ Telephone #2 \_\_\_\_\_ Telephone #3 \_\_\_\_\_

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Please list any medical conditions that may affect anesthesia:

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Please list any medications and herbal remedies your pet is presently taking:

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