

Rocky Gorge Animal Hospital
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Anesthetic Procedure Consent Form

Owner's Name: _____ Patient's Name: _____ Date: _____

***Please provide a phone number(s) where you may be reached at ALL times while your pet is in our care.**

Emergency contact phone numbers: 1. _____ 2. _____

Procedure(s) to be performed: _____

Authorization and Risk Assessment:

I authorize anesthesia and surgery for my pet. The nature and risks of this procedure(s) have been explained to me. I understand that some risks exist with anesthesia and/or surgery. My signature on this consent form indicates that any questions have been answered to my satisfaction.

I authorize Rocky Gorge Animal Hospital to perform additional diagnostic, treatment, or procedure(s) deemed necessary for medical or surgical complications or otherwise unforeseen circumstances. While Rocky Gorge Animal Hospital provides the highest quality of anesthetic monitoring and surgical services, I understand that there are rare complications associated with any anesthetic or surgical procedure. No warranty or guarantee has been given to me as to the results or cure afforded by these treatments or procedures.

I fully understand these risks and understand that the veterinarian and hospital staff will try to minimize such risks. I will not hold Rocky Gorge Animal Hospital, the veterinarians, or any staff member liable for any complications that may arise.

While your pet is in our care, we want to be prepared with your wishes. In the event your pet should go into cardiac or respiratory arrest, we need to know how you would like us to proceed.

Your pet will not be admitted into the hospital unless one of the following options are selected below;

____ **Perform CPR;** I request the doctor(s) and staff attempt to resuscitate my pet through manual ventilation, chest compressions, and administration of medications and/or fluids. I understand I will incur all costs associated with performing CPR, regardless of the outcome, and I understand the costs associated with CPR will be in addition to the charges outlined in any estimate or treatment plan provided to me.

____ **Do NOT perform CPR (DNR);** In the event that my pet stops breathing or his/her heart stops beating, I request that the doctor(s) and staff DO NOT attempt resuscitation or any further life saving measures.

PLEASE PROVIDE YOUR SIGNATURE BELOW IF YOU HAVE READ AND FULLY UNDERSTAND THIS SURGERY AND ANESTHESIA CONSENT FORM.

Signature of Owner or authorized agent: _____ Date: _____
Technician's initials: _____

Pre-Anesthetic Testing Consent

Owner's Name: _____ Patient's Name: _____ Date: _____

Your pet is scheduled for a procedure that requires anesthesia. We would like to take this opportunity to recommend pre-anesthetic testing and explain why it is important to the health of your pet. Like you, our greatest concern is the well being of your pet. Before placing your pet under anesthesia, one of our doctors will perform a complete physical examination to identify any existing medical conditions that would complicate the procedure, and compromise the health of your pet. Because there is always the possibility that a physical exam alone will not identify all of your pet's health problems, we strongly recommend pre-anesthetic bloodwork to be performed prior to anesthesia. It is important to understand that a pre-anesthetic does not guarantee the absence of anesthetic complications. It may, however, greatly reduce the risk of complications as well as identify medical conditions that could require medical treatment in the future.

Profile #1: CHEM 10 – Recommended for healthy patients under 7 years of age

- Bun (Kidney)
- ALKP (Liver)
- Albumin (Protein)
- Blood Glucose
- Creatinine(Kidney)
- Total Protein (Hydration)
- ALT (Liver)

Profile #2: CHEM 17/CBC – Required for healthy patients over 7 years of age

- BUN (Kidney)
- ALKP (Liver)
- Lipase (Pancreas)
- Creatinine(Kidney)
- Blood Glucose
- Total Protein (Hydration)
- ALT (Liver)
- Amylase (Pancreas)
- Phosphorus (Kidney)
- Bilirubin (Liver)
- Albumin (Protein)
- RBC count (Anemia)
- GGT (Liver)
- Cholesterol
- Calcium
- WBC count (Infection)

Please select ONE:

Profile #1 CHEM 10

Profile #2 CHEM 17/CBC

Please complete the recommended testing prior to administering anesthesia to my pet.

Signature of Owner or authorized agent: _____ Date: _____

I have chosen to **DECLINE** the recommended testing at this time, and request that you proceed with anesthesia. I understand the risks involved with putting my pet under anesthesia without pre-anesthetic testing, and agree not to hold Rocky Gorge Animal Hospital responsible, if complications occur.

Bloodwork CANNOT be declined for patients over 7 years of age.

Signature of Owner or authorized agent: _____ Date: _____

My pet has recently had pre-anesthetic bloodwork and I choose to not have any additional bloodwork profiles run at this time. Date of most recent pre-anesthetic bloodwork _____

Signature of Owner or authorized agent: _____ Date: _____

Technician's initials: _____

Surgery & Anesthesia Questionnaire

Owner's Name: _____ Patient's Name: _____ Date: _____

- When was the last time this patient had ANYTHING to eat? (Date & Time): _____
- Does the owner understand that, if deemed necessary by the doctor, that they will extract any loose, infected, or retained deciduous (baby) teeth? ***PLEASE NOTE: The doctor will only extract teeth in the best interest of your pet. Please be aware that tooth extractions and dental radiographs are NOT included in the price of the dental cleaning, and the owner will be responsible for the extra cost. THE OWNER WILL NOT BE CALLED FOR PERMISSION TO PULL TEETH WHILE THE PATIENT IS UNDER ANESTHESIA.**
 Yes No Not applicable
- If this pet is having one or more lumps removed today, does the owner want a biopsy done?
 Yes No Not applicable
- Is there any possibility that this pet is pregnant?
 Yes No Not applicable
- Is there any possibility that this pet is currently in heat?
 Yes No Not applicable
- Would the owner like this pet to receive a microchip today?
 Yes No My pet already has a microchip
- Is there any history of allergies to medication or anesthesia?
 Yes No Unknown
- Is there any history of seizures?
 Yes No **If yes, date of last seizure:** _____
- Does this pet have a known heart murmur?
 Yes No
- Is this pet on ANY medication, including over the counter medications and monthly preventative?
 Yes No Not sure

If yes, please list ALL medications and when the medication was last given: _____

If requested; a therapeutic laser will be used (with some exceptions) on the incision(s) to help speed the healing process, reduce pain and inflammation, and reduce the formation of scar tissue. This, along with our standard pain management medications, will provide your pet with the best in pain and wound care management.

- Yes
 No
 Not applicable *Please note masses that are suspicious of cancer and dentals are not applicable*

Owner's initials: _____

Technician's initials: _____