



Animal Clinic of Council Bluffs Surgical Consent Form

Owner:
Name: _____
Address: _____

Patient:
Pet's Name _____
Age _____
Circle: Dog Cat Male Female Spayed/Neutered

As the owner or agent of the owner of the above animal, I hereby give my consent to Animal Clinic of Council Bluffs to perform the following procedure(s):

Procedures requiring anesthesia are always associated with a certain amount of risk, whether the patient is a person or a pet. Like you, we want to minimize that risk as much as possible - this requires a physical exam (if the pet has not been seen within the past few weeks) and pre-anesthetic tests. General anesthesia has become safer in recent years with the advent of newer drugs and better patient monitoring. Some conditions may not, however, be evident on a physical exam. To better ensure your pet's safety during anesthesia, we advise the following pre-anesthetic tests be performed, even for elective procedures such as spays, declaws, and neuters.

- Healthy patient **under** 7 years of age
Mini-blood chemistry profile & complete blood cell count
- Sick patients or patients **over** 7 years of age
Comprehensive blood chemistry profile, complete blood cell count, thyroid check, & complete urinalysis
- Coagulation Profile
Checks for bleeding disorders and to be sure the patient can clot their blood.
- ECG to check for abnormal heart arrhythmias
- FeLV/FIV/Heartworm Test (Feline Patients only)

Please Initial _____ **YES**—Please complete the recommended/chosen pre-anesthetic testing prior to anesthesia for <animal>.
_____ **NO**—I decline the recommended pre-anesthetic blood tests at this time and request that you proceed with anesthesia.

While your pet is in the clinic, would you like the following services performed (at a discounted rate):

- | | | |
|-------------------------------|----------------------------------|----------------------------------|
| Nail Trim | <input type="checkbox"/> Request | <input type="checkbox"/> Decline |
| Ear Cleaning | <input type="checkbox"/> Request | <input type="checkbox"/> Decline |
| Ear Pluck | <input type="checkbox"/> Request | <input type="checkbox"/> Decline |
| Fecal Parasite Exam | <input type="checkbox"/> Request | <input type="checkbox"/> Decline |
| Express Anal Glands | <input type="checkbox"/> Request | <input type="checkbox"/> Decline |
| Microchip Implantation | <input type="checkbox"/> Request | <input type="checkbox"/> Decline |

We recommend that all pets have a means of permanent identification

Pets must be current on vaccinations or they will be given at the owner's expense.

Animal Clinic of Council Bluffs Surgical Consent Form Continued

We offer 2 types of anesthetic gases for surgery. **Isoflurane** is the standard gas but **Sevoflurane** is available for an added fee of **\$25.00**. **Sevoflurane** allows your pet to wake up faster and easier after surgery. Which anesthetic gas do you prefer we use for your pet?

Sevoflurane

Isoflurane

In the event of an emergency, a pre-placed intravenous catheter allows more rapid administration of life saving drugs. **All patients undergoing surgery will have a catheter in place.**

YES, I have read the above sentence and I understand_____.(initial)

Our pets do not show pain as we do. They do not complain as loudly as we do and they accept the levels of pain that we could not imagine. It has been shown that humans recover better and faster if they are pain free. It is the same for our pets. We will be administering additional pain relief medication, and there will be a corresponding charge on your bill.

YES, I have read the above sentence and I understand_____.(initial)

- Please list any medications that your pet is taking.

- Did you give any medications today?

- Last meal? Last water?

I understand that there are risks associated with the procedures set forth above, and with anesthesia, and I am satisfied after speaking with the staff of Animal Clinic of Council Bluffs that they will treat the patient as they deem necessary for the patient’s health, safety, and well being; however I do understand that no guarantee of successful treatment can be made. Animal Clinic of Council Bluffs is authorized to dispose of said animal unless the owner, or authorized agent of the owner, calls for and pays all accrued charge on said animal within seven (7) days after notification that a pet is ready to be released from the hospital.

I acknowledge that I have read and fully understand this authorization for medical treatment, the reason why such medical treatment is considered necessary, as well as its advantages and possible complications, if any.

Signature of owner/agent of owner_____ Date_____

Emergency Telephone Numbers where I may be reached at today:

#1 _____ (home / cell / work)

#2 _____ (home / cell / work)

#3 _____ (home / cell / work)



Owner Information and Consent for CPR or DNR

Owner's Name: _____ Pet's Name _____

Although all types of anesthesia involve some risk regardless of patient age, major side effects and complications from anesthesia are uncommon. Your pet's specific risk depends on his/her health, the type of anesthesia used, and your pet's response to anesthesia.

All patients of Animal Clinic of Council Bluffs are monitored during surgery with an ECG machine, pulse oximeter, and a blood pressure machine. In addition to the monitoring equipment, all surgeries are manually monitored by a doctor or a dedicated technician anesthetist during the procedure.

CPR is the resuscitation of an animal that has stopped breathing or has stopped breathing and whose heart is not beating.

DNR means "do not resuscitate". This is a decision that CPR is not to be performed in the event that the pet stops breathing or has no heartbeat. If you chose DNR and your pet stops breathing or his/her heart stops beating then we will not attempt to revive your pet and your pet will pass away.

Animals that have survived cardiopulmonary arrest and have been successfully resuscitated (CPR) are extremely critical and unstable. Management of the post-arrest patient requires vigilant monitoring and the technical expertise of dedicated critical care personnel. This care is costly and the outcome is uncertain.

I understand that there are risks associated with anesthesia and I understand no guarantee of successful treatment can be made. I am the owner or authorized agent of the above named pet and I understand I am responsible for all fees associated with procedures performed on the pet no matter the outcome.

I HAVE READ AND UNDERSTOOD THE INFORMATION ABOVE OR HAVE HAD IT EXPLAINED TO MY SATISFACTION. I agree to indemnify Dr. Harrer and the staff at Animal Clinic of Council Bluffs, its servants or agents from any loss or liability which they may incur as a result of an inaccuracy whether intended or otherwise in this my solemn declaration.

Signed _____ Date _____

I wish the staff to perform CPR (resuscitation) on my pet if my pet suffers from cardiac or respiratory arrest. My pet may not respond to CPR or may respond initially and then suffer another arrest later. My pet may die despite CPR. The estimate for initial CPR is \$300 to \$500.

Signed _____

OR

I DO NOT want CPR performed on my pet. I understand that if my pet stops breathing and/or his/her heart stops beating that my pet will pass away unless CPR is performed. I elect to have DNR orders placed on my pet's record OR I elect that the veterinary staff stop the initial attempts at CPR that may have been started while I was being informed of the condition of my pet and my options.

Signed _____