



Anesthesia Consent

1434 W. Alabama St.
Houston, TX 77006
Phone: 713-528-4900
Fax: 888-504-9006
www.MidtownVetHospital.com

Today's Date:

Pet Information

Pet's Name:

Contact Information

Owner's Name:

Phone Number to Reach You *Today*:

Additional Contact Information :

Secondary Contact*:

Secondary Contact's Phone Number:

** This person has your authority to consent to medical decisions regarding your pet's surgical care in the event we cannot reach you.*

Surgical Procedures

Preparation -

We follow sterile procedures. We use surgical preparations, surgical packs, and surgical attire. The skin around the surgical area will be clipped and scrubbed with an antiseptic.

Anesthesia -

We will conduct a pre-surgical physical exam and conduct blood analysis to assess and minimize the risk of anesthesia for your pet.

Monitoring -

We further minimize anesthetic risk by monitoring heart rate and rhythm, respiration rate and quality, blood pressure, oxygenation, and depth of anesthesia during the procedure .

Catheterization -

For most surgical procedures, we will place an intravenous catheter to provide us with an easy route to administer medications and fluids during the procedure. This will allow us to support kidney function and blood pressure, if necessary.

Pain Management -

We pro-actively manage pain associated with any procedure with appropriate pain management medications. As with any drug, side effects may be associated with their administration.

Today's Scheduled Surgery

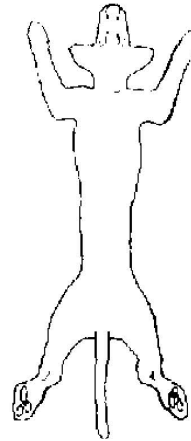
Today's procedure is:

(example: neuter, dental cleaning, etc)

Additional Services Desired While Patient Is Sedated

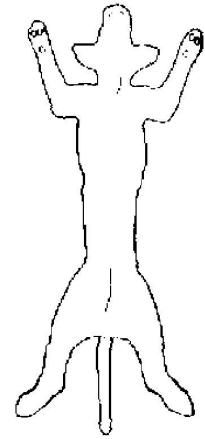
- | Yes | No | |
|--------------------------|--------------------------|---------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Implant Microchip |
| <input type="checkbox"/> | <input type="checkbox"/> | Nail Trim |
| <input type="checkbox"/> | <input type="checkbox"/> | Clean Ears |
| <input type="checkbox"/> | <input type="checkbox"/> | Express Anal Glands |
| <input type="checkbox"/> | <input type="checkbox"/> | Sanitary Clip (rectum, genitals) |
| <input type="checkbox"/> | <input type="checkbox"/> | Remove Lumps (Mark location on chart) |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: <input type="text"/> |

Top View
(Pet's Back)



L R

Underside
(Pet's Belly)



R L

Authorization

I authorize anesthesia/surgery for my pet. The nature and risks of this procedure have been explained to me. I understand some risks always exist with anesthesia and/or surgery, and I am encouraged to discuss any concerns I have about those risks with my veterinarian before the procedure(s) are initiated. My signature on this consent form indicates that any questions have been answered to my satisfaction.

I authorize Midtown Veterinary Hospital to perform any additional diagnostic, treatment, or surgical procedure(s) deemed necessary for medical or surgical complications or otherwise unforeseen circumstances. I understand 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 the veterinarians and hospital staff will try to minimize such risks. I will not hold Midtown Veterinary Hospital, the veterinarians, or any staff member liable for any complications that may arise.

I HAVE READ AND FULLY UNDERSTAND THIS ANESTHESIA CONSENT FORM.

- I have not given my pet any food or water after 10 PM on the night before the procedure, unless otherwise advised by my doctor. I understand this is important for anesthesia safety.

Signature of Responsible Party