

CONSENT FOR TREATMENT, ANAESTHETIC and SURGERY

I, **(name)** _____ being a person over the age of eighteen years, of **(address)** _____, daytime contact phone numbers **(phone no.)** _____, being the owner or guardian of **(pet's name)** _____, a **(age of pet)** _____ year/month old dog/cat **(delete one)**, give permission for the treatment, anaesthetic and surgery to be performed on the animal for the purpose of **(description of procedure)** _____ as described by a Registered Veterinary Surgeon,

I understand that all professional care and attention will be given to my pet and have discussed any concerns or queries with a Veterinary Nurse or Veterinary Surgeon.

My pet last ate at _____

Our Surgery recommends a Pre-anaesthetic blood test before Surgery and Intravenous Fluids on the day of Surgery. These will have an additional cost that may not be included in original estimate. I would like my pet to have:

- a Pre-anaesthetic Blood Screen (Additional Cost) Yes No
- Intravenous fluids on the day of Surgery (Additional Cost) Yes No

I have been given an ESTIMATE of _____ for the costs involved as described below. I am aware this is an estimate, and costs may vary with individual cases. I undertake to pay these fees at the time of discharge of my pet from the clinic.

I would also like these other problems checked while my pet is at the Surgery and have detailed my concerns on the Pre-Anaesthetic Check List form. I understand this may incur a consultation fee. _____

I do have health insurance for my pet. Yes No

Signed _____ Date _____

ESTIMATE of SERVICES to be RENDERED

Consultation	\$ _____	Theatre Fee/Items	\$ _____	Pathology	\$ _____
Pharmacy	\$ _____	Medication Hospital	\$ _____	Fluids	\$ _____
Anaesthetic	\$ _____	Pre GA Blood Screen	\$ _____	Dressing	\$ _____
Surgery/Dental	\$ _____	Radiology	\$ _____	Hospitalisation	\$ _____

ANAESTHETIC & MEDICATION RECORD (Surgery use only)

NAME _____ **DATE** _____

AGE _____ WEIGHT _____

PROCEDURE _____

PREMEDICATION _____ **TIME** _____

OTHER MEDICATIONS _____

_____ **ET Tube Size:** _____

ANAESTHETIC KNOCK DOWN _____ **TIME** _____

ANAESTHETIC MAINTAINENCE _____

FLUID TYPE & RATE _____

Heart Rate																			
Respiratory Rate																			
Anaesthetic Dose																			
Time																			
Other Medications																			

TIME OF COMPLETION _____

SPECIAL INSTRUCTIONS _____

ADMISSION QUESTIONNAIRE (To be completed by the admission Nurse) NURSE _____

Has your pet eaten this morning? Y / N Has your pet been unwell in any way in the last week? Y / N

Is your pet on heartworm prevention? Y / N Are your pet's vaccines up to date? Y / N

Do you want your pet to have intravenous fluids at the time of Surgery Y / N

Do you want your pet to have a Preanaesthetic Blood Screen ? Y / N

Examination:

Bodyweight: Temperature: Heart rate: Respiratory rate: Mucous membrane colour:

Retained temporary teeth? Y N Hernia? Y N Back dewclaws? Y N

Other procedures:

Desexing tattoo		Temporary teeth	
Preanaes blood test		Vaccination	
Heartworm test		Microchip	
Back dewclaws		Clip nails	
Fluids		Diet Requirements	