

CONSENT FOR TREATMENT, ANAESTHETIC and DENTISTRY

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 dental procedure to be performed on this pet. The primary purpose of this dental procedure is _____. I understand that while my pet is anaesthetised, the mouth and teeth will be more closely examined. If this examination finds further dental disease that requires x-rays and/or extractions, I give my permission for these to be performed. I understand that this will involve additional costs.

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 cost an additional and may not be included in original estimate. I would like my pet to have:

- A Pre-anaesthetic Blood Screen (Additional \$125) Yes No
- Intravenous fluids on the day of Surgery (Additional Cost \$118) 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 _____

_____ **EtT Tube Size** _____

ANAESTHETIC KNOCK DOWN _____ **TIME** _____

ANAESTHETIC MAINTAINENCE _____

FLUID TYPE & RATE _____

Heart Rate																				
Respiratory Rate																				
Anaesthetic Dose																				
Time																				
Other Medications																				

TIME OF COMPLETION _____ **OTHER** _____

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**

Desexing tattoo		Temporary teeth	
Preanaes blood test		Vaccination	
Heartworm test		SR12 Injection	
Back dewclaws		Clip nails	
Fluids		Microchip	

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

Special Dietary Requirements Y/N _____

Other procedures:

Body Weight		Body Score	
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Temperature			
Heart Rate			
Respiratory Rate			
M M colour			

Examination: Retained temporary teeth Y/ N Hernia Y/ N Back dewclaws Y/ N

Other procedures: