

# Labahn Veterinary Hospital Dental & Anesthesia Consent Form

4100 Kelley Highway, Fort Smith, AR 72904

479-782-1234

## Please Read Carefully and Complete the Entire Form

Owner/Agent Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_ Date: \_\_\_\_\_

As owner/agent of the pet described above, I hereby give my consent to Labahn Veterinary Hospital to perform the following under general anesthesia:

Procedure(s): \_\_\_\_\_

### General Information Regarding Anesthesia:

**Anesthesia**-Anesthetics can cause nausea and vomiting. For this reason all patients need to be fasted to prevent aspiration of food into the lungs while recovering from the anesthesia. I understand and confirm that my pet has been fasted. \_\_\_\_\_

**Monitoring**- Your pet is closely monitored throughout the entire procedure/anesthesia. Your pet's temperature, heart rate and rhythm, respiration, and oxygen levels are checked by our staff and anesthetic monitoring equipment.

### An IV catheter will be placed in every surgical procedure with exception of fractious patients.

A catheter allows access to a vein for administration of fluids or emergency medications if needed.

**Fluids**- Administration of fluids helps your pet recover more quickly from anesthesia, maintains blood pressure, and increases circulation during anesthesia.

*\*we recommend fluids for every patient, but do not require them for elective procedures such as spays, neuters, declaws, & dentals.*

-I would like fluids administered to my pet for an **additional \$83** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Pre-anesthetic blood screen**- Our on-site laboratory lets us screen for hidden problems before your pet's procedure begins. These tests also provide a baseline for monitoring your pet during surgery and can indicate chemical imbalances that could affect your pet under anesthesia. *\*we recommend this bloodwork for ALL patients undergoing anesthesia*

-I would like pre-anesthetic bloodwork done for my pet for an **additional \$68** \_\_\_\_\_ Yes \_\_\_\_\_ No

**DENTAL:** Once under anesthesia a doctor will assess if any extractions are necessary. An additional fee per tooth pending on doctor's difficulty and time for extraction will be charged. The doctor or nurse will call you prior to extracting teeth with an estimate of these additional charges. **It is very important to leave a telephone number where you can be reached this morning.**

**Authorization and Risk Assessment:** I understand that risks always exist with anesthesia and/or surgery. These risks include bleeding, infection, incisional dehiscence (incision comes apart), and others which can result in injury and/or death. I understand the risks and understand that the veterinarians and staff will do everything possible to reduce these risks. I have been encouraged to discuss any concerns I have about these risks with the veterinarian before the procedure begins.

**-CPR-** Should some unexpected life-saving emergency care be required and I cannot be reached, the Labahn hospital staff has my permission to provide such treatment and I agree to pay for such care. \_\_\_\_\_

**-DNR-** I **decline** life-saving measures for my pet. \_\_\_\_\_

I recognize that the long term outcome and potential for complications will be greatly influenced by the nursing care, exercise restrictions, and other take-home instructions that I am responsible for at home. I accept the responsibility of asking the staff at Labahn any questions if I do not fully understand these responsibilities. I will not hold Labahn Veterinary Hospital, the veterinarians or staff liable for any complications that may arise.

By signing this document I certify that I have read this document, understand it, and have had all of my questions answered to my satisfaction and I agree to the conditions of treatment. I understand that I am responsible for all finances accrued and payment is due at the time of pick-up. My signature below authorizes the veterinarians at Labahn Veterinary Hospital to perform said procedure(s)/treatment(s) described above.

Owner/agent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2 contact numbers where I can be reached: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_