

CHARLOTTE ANIMAL HOSPITAL
"CONSENT FOR ANESTHESIA AND SURGERY"

OWNER'S NAME: _____ PET'S NAME: _____ SPECIES: Feline / Canine
TELEPHONE: _____ WOULD YOU LIKE UPDATE BY TEXT? CELL #: _____
(Where we can reach you today)

DO YOU WANT YOUR PET MICROCHIPPED? (Please Circle One)? YES or NO

PART A

I, _____, hereby authorize the doctors and staff at Charlotte Animal Hospital to
(First and Last Name)

Perform the following procedure(s): _____ on _____.
(Procedure) (Pet's Name)

I authorize the use of general anesthesia and fully understand that all forms of anesthesia involve some risks. Although rare, unexpected severe complications with anesthesia can occur and include the remote possibility of infection or death.

I fully understand the nature and purpose of the procedure(s), the possible risks that can occur, and the possibility of complications. I acknowledge that no guarantee or assurance has been made as to the results that may be obtained.

Should an emergency arise that requires procedures in addition to or different from the procedure listed above, I further request and authorize the doctors and staff at Charlotte Animal Hospital to do whatever they deem necessary. I agree to pay in full for all the services rendered, including those deemed necessary for medical or surgical complications or other unforeseen circumstances.

All patients that are admitted for surgery, procedures, or treatment that require anesthesia must have a pre-operative blood panel (if not current within 90 days, or sooner if the doctor advises) and a heartworm test (if not current within 1 year) to screen for pre-existing internal conditions that may not be evident physically. I authorize the doctors and staff at Charlotte Animal Hospital to perform these tests and agree to pay in full for these tests.

By signing this consent, I fully understand and hereby consent to the procedure(s) listed above. I have read and fully understand this consent in its entirety. I am the owner of the above described animal, I am at least 18 years of age or older, and have the authority to execute this consent. _____

Printed Name

Signature

Date

PART B on back (suggested and/or additional services)

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PART B

Please indicate below (with initials) if you would like any of the following suggested and/or additional services performed:

Suggested Services (There will be charges for these services):

These services are optional unless advised by the doctor. These services may be performed to even further ensure your pet's safety. If you would like any of these services, unless already indicated so within a treatment plan, please authorize these services by initialing each you would like performed in addition to the required services.

_____ **Comprehensive Blood Panel:** Recommended for pets 7 years or older or have any pre-existing health problems. It is a more comprehensive screening than the pre-anesthetic blood screen.

_____ **Complete Blood Count:** Measures the types and quantities of blood cells and also reveals any signs of infection, dehydration, anemia, etc.

_____ **Electrocardiogram (EKG):** Recommended for pets 7 years or older or have any pre-existing health problems. It can reveal potential problems with heart function.

_____ **Surgical Fluids:** Fluid therapy helps protect your pet's kidneys and heart, and shortens recovery time after anesthesia.

_____ **Urinalysis:** It detects urinary tract infection, kidney function, diabetes, and dehydration.

Additional Services (There will be charges for these services):

☒ **Please note all anesthetic procedures will include a complimentary nail trim at no additional charge.**

_____ **Flush Ears**

_____ **Pluck Ears**

_____ **Express Anal Glands**

_____ I authorize the attending veterinarian to perform the suggested and/or additional services listed above.