

## ANESTHESIA FORM

OWNER'S NAME: \_\_\_\_\_

PET'S NAME: \_\_\_\_\_

TODAY'S CONTACT NUMBER(S): (Primary) \_\_\_\_\_

(Alternate) \_\_\_\_\_

**GENERAL ANESTHESIA POLICIES & PROCEDURES:** *Please review and initial.*

### Consent

I authorize the veterinarian to administer anesthesia and pain relief medication as needed before and/or after the procedure. I understand that there are risks associated with the use of any medication and with any operation or procedure of this type, including the death of my cat(s) or dog(s). I acknowledge that I have had the opportunity to speak with a Memorial Veterinary Clinic licensed veterinarian about the risks and complications associated with medical procedures.

*Initial:* \_\_\_\_\_

### Examination & Lab Work

I understand that all patients will receive a thorough physical examination before anesthesia. Memorial Veterinary Clinic uses the safest anesthesia available. We will perform pre-anesthetic lab work, place an intravenous (IV) catheter, and administer IV fluids on all procedures. This screening is similar to those used in human hospitals and ensures that your pet has no hidden medical problems that are not detectable during the physical examination. The tests we run include a CBC (complete blood count) and chemistry profile (internal organ function) if not already completed in the last thirty (30) days.

*Initial:* \_\_\_\_\_

### Dental Extractions

If your pet is scheduled for a dental procedure, your veterinarian may deem extractions necessary once your pet has been fully examined while under anesthesia. We have a short timeframe (5 minutes) to discuss these options once your pet is entirely under anesthesia.

Our policy is to call you if there are five (5) or more extractions. Would you like to be called if less than five extractions are to be performed?  **Yes**  **No**

If I cannot be reached, I agree to allow my veterinarian at Memorial Veterinary Clinic to perform the minimum number of extractions necessary. I am aware in the event of severe dental decay, this could involve multiple extractions beyond the estimate, and I am financially responsible for all teeth extractions.

I agree to be on call during the day of my pet's procedure to approve further procedures. If I don't answer within 5 minutes of a call and text from MVC, I authorize and accept charges that the veterinarian deems necessary.

*Initial:* \_\_\_\_\_

### In Case of Emergency

I am over 18 and understand that the attending veterinarian will make every effort to contact me regarding treatment in the case of unforeseen emergencies. If unable to contact me, I agree that in the event my pet experiences a cardiac, respiratory, or other life-threatening emergency that requires resuscitative or other urgent care measures, such as cardiopulmonary resuscitation (CPR), positive pressure ventilation, emergency drugs, or other similar measures, I request that the veterinarians and/or trained staff at Memorial Veterinary Clinic pursue such medical care as indicated below. **(client required to select one)**

Resuscitate (R): I authorize emergency treatment if the situation arises (including cardiopulmonary resuscitation (CPR) and other life-saving treatments) and understand this may result in additional charges. I agree to pay for these emergency and life-stabilizing treatments even if they exceed any estimate I may have been provided.

Do Not Resuscitate (DNR): I do NOT authorize emergency treatment if the situation arises (including cardiopulmonary resuscitation (CPR) and other life-saving treatments) and prefer to be contacted before any additional treatment is performed.

Initial: \_\_\_\_\_

### **Vaccinations**

I understand that per clinic policy, my animal(s) must be current on rabies vaccine, distemper, adenovirus 2, parvovirus, and parainfluenza vaccine (for dogs only), a feline viral rhinotracheitis, calicivirus, and panleukopenia vaccine (for cats only). Vaccination services may be waived only if current vaccine proof is received at the time of check-in or at the discretion of the veterinarian on a case-by-case basis.

Initial: \_\_\_\_\_

### **Financial Responsibility**

I have been provided with an estimated cost for the procedure(s). I understand this is an estimate only and may increase significantly upon exam and radiographs while under anesthesia. I assume financial responsibility for the recommended services and will provide full payment when my pet is discharged from the hospital.

I acknowledge that payment for the entire invoice is due at the time of check-out. Memorial Veterinary Clinic accepts all credit cards, checks, and cash and offers financing through our partner companies, ScratchPay and Care Credit. We do not provide in-house financing. If I decide to finance the procedure, I am responsible for arranging this with my financial institution or a partner company directly at least 24 hours before my pet's procedure date.

### **Non-Guarantee & Liability Release**

While I accept that all procedures will be performed to the best of the staff at this hospital's abilities, I understand that no guarantee or warranty has been made regarding the results that may be achieved. I also assume full responsibility for any expenses incurred after the surgical procedure, such as follow-up radiographs, re-check physical exams, and additional surgery due to post-op complications. Though complications can occur naturally on rare occasions, they are much more likely to occur when there is a failure to comply with post-operative instructions sent home on the day of surgery.

I release Memorial Veterinary Clinic, veterinarian, veterinary technicians, and their respective successor assigns, agents, and volunteers from any and all claims, causes of action, damages, or losses of any kind arising from or relation to the provision of veterinary care, including but not limited to, the performance of surgical procedures, as well as any adverse reactions from vaccinations or medications; provided, however, this Release shall not be applicable to the extent such claims, causes of action, damages or losses resulting from the negligence, gross negligence, or will misconduct of Memorial Veterinary Clinic, veterinarian, and veterinary technicians. I agree to indemnify and hold harmless the individuals or entities described in this paragraph for any damage caused by my animal(s) while in the care of Memorial Veterinary Clinic or veterinarian.

Initial: \_\_\_\_\_

### **Authorization**

I hereby certify that I have read and fully understand this authorization for administering anesthesia at Memorial Veterinary Clinic, and I assume financial responsibility for all charges incurred to the above pet(s) and agree to pay all such charges after this stay. I have read and fully understand the terms and conditions set forth above.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_