

West Lancaster Animal Hospital 2110 Columbia Ave. Lancaster, PA (717) 394-7713

SURGERY & ANESTHESIA CONSENT FORM

Client Name:

Patient's Name:

Anesthetic and Surgical procedure(s) to be performed:

Would you like any of the following services completed?

- Microchip
- Vaccinations
- 4 Dx Heartworm test (canines only)
- Felv/FIV test (felines only)
- Fecal Testing for intestinal parasites
- Removal of deciduous (baby) teeth

What medications are you currently giving your pet?

- Dosage?
- What time was each medication administered?

When was the last dosage of Heartworm preventative and/or flea/tick medications administered?

Your pet is going under anesthesia today. In the event of a dire unforeseen emergency that your pet goes into cardiac arrest, would you authorize WLAH staff to resuscitate? :

- Yes, I authorize resuscitation. I understand that this could cost in excess of \$350.00
- No, I do not authorize resuscitation.

Has your pet been fasted/not given food (water is ok) for at least 8 hours prior to the procedure today, unless otherwise advised by the veterinarian? I understand that this is important for anesthesia safety.

- Yes, my pet has been fasted at least 8 hours for the procedure today
- No, my pet was fed a meal/treats

I authorize anesthesia/surgery for my pet. The nature and risk of this procedure have been explained to me. I understand that some risks always exist with anesthesia and/or surgery and am encouraged to discuss any concerns I have about those risks with my veterinarian before the procedure. My signature on this consent form or reply back via email with typed name indicates that any questions have been answered to my satisfaction.

I authorize West Lancaster Animal Hospital to perform any additional diagnostic, treatment or surgical procedure(s) deemed necessary for medical or surgical complications or otherwise

unforeseen circumstances. While West Lancaster Animal Hospital provides the highest quality of anesthesia monitoring and surgical services, I understand that there are rare complications associated with anesthesia or surgery. No warranty or guarantee has been given to me as to the results or cure afforded by these treatments or procedures.

I fully understand these risks and understand that the veterinarians and hospital staff will try to minimize such risks. I will not hold West Lancaster Animal Hospital, the veterinarians, or any staff member liable for any complications that may arise.

Client Signature: _____ **Date** _____

Best Phone Number to reach you the day of the procedure: