



Trail Animal Hospital
(305) 261-0793
www.trailanimalhospital.com

Surgery and Anesthesia Consent Form

Client's name _____ Pet's name _____

Anesthetic and surgical procedure(s) to be performed: _____

Hospitalization/Surgical Information

Preparation—The skin around the surgical area will be clipped and scrubbed with an antiseptic. We follow sterile procedures (surgical preparation, surgical packs, and surgical attire).

Anesthesia—Pre-surgical blood work and physical examination will enable us to assess and minimize the risk of anesthesia for your pet. _____ Date Done

Monitoring—We further minimize anesthetic risk by monitoring heart rate and rhythm, respiration rate and quality, oxygenation, and depth of anesthesia during the procedure.

Catheterization—For most surgical procedures, an intravenous catheter is placed to provide us with an easy route to administer medications and fluids (which support kidney function and blood pressure) during the procedure. _____ Owner Initials

Pain Management—We will proactively manage pain associated with any procedure with appropriate pain management medications. As with any drug, side effects may be associated with their administration. _____ Owner Initials

Authorization and Risk Assessment

I authorize anesthesia/surgery for my pet. The nature and risks of this procedure have been explained to me. I understand that some risks always exist with anesthesia and/or surgery, and I am encouraged to discuss any concerns I have about those risks with my veterinarian before the procedure(s) are initiated. My signature on this consent form indicates that any questions have been answered to my satisfaction.

I authorize Trail Animal Hospital and its agents to perform any additional diagnostic, treatment or surgical procedure(s) deemed necessary for medical or surgical complications or otherwise unforeseen circumstances. While Trail Animal Hospital provides the highest quality of anesthesia monitoring and surgical services, I understand that there are rare complications associated with any anesthetic or surgical procedure. 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 Trail Animal Hospital, the veterinarians, or any staff member liable for any complications that may arise.

I HAVE READ AND FULLY UNDERSTAND THIS SURGERY AND ANESTHESIA CONSENT FORM.

- I have not given my pet any food after 12 am on the night before the procedure, unless otherwise advised by my doctor. I understand that this is important for anesthesia safety.

Signature of Pet Owner or Agent

Date

The doctor or a key staff member will contact you after surgery. **Please provide us with your preferred contact information.**

Phone Number: _____ Text Number: _____ E-mail: _____