

Preanesthetic Laboratory Consent

You or I would have current lab work performed by our doctors before any major sedative or anesthetic procedure, no questions asked. It would be considered malpractice if they did not! Would you feel comfortable undergoing sedation or anesthesia without your risks evaluated?

General anesthesia and sedation drugs can all cause potentially dangerous changes:

1. Lower blood pressure
2. Heart rate and heart rhythm changes
3. Depression of respirations, low blood oxygen and high carbon dioxide levels

It is well documented that dogs and cats above the age of 7 years old, have increased risks of :

1. Kidney disease
2. Liver disease
3. Heart & Lung disease

Any preexisting kidney, liver, or heart disease can dramatically increase sedative/anesthetic drug side effect and increase the possibility and severity of anesthetic/sedative complication, including cardiac arrest.

At UVH, our general anesthetic and sedative guidelines are as follows:

1. We *will not* perform major sedation or anesthesia on your pet if they are **over 7 years** old without current (within 3-4 weeks), age appropriate bloodwork.
2. We *strongly* recommend that pets requiring frequent sedative grooming, bathing, minor medical procedures **under 7 years old** have age appropriate lab work performed once every 6 months minimally.

Owner to initial ONE:

_____ I consent to the standard UVH sedative and treatment guidelines as stated above.

_____ My animal is under the age of 7 and I choose to decline UVH's medical recommendations and agree to proceed with sedation/anesthesia without the appropriate evaluation of my pet's possible risks.

_____ Pre-anesthetic bloodwork has already been performed.

Owner's signature and date: _____

UVH Monitoring

- We further minimize anesthetic risk by monitoring heart rate and rhythm, respiration rate and quality, oxygenation, blood pressure, ECG readings, temperature, and depth of anesthesia during the procedure.
- For all general anesthetic 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.
- We will proactively manage pain associated with any procedure with appropriate pain management medications. As with any drug, side effects may be associated with administration.

Procedure Day Specifics

(A) Planned Procedure Date: _____

(B) What procedure(s) will be performed and if masses are to be removed, must be identified with owner present: _____

Contact Information on Procedure Day

(A) Name: _____

(B) Phone Number: _____

Payment Policy

YES - I was given a written/verbal estimate and understand that payment is expected in full at time of services rendered.

I understand that UVH reserves the right to ask for a down payment before starting the procedure.

What form of payment will you be using today? **Owner to initial:**

_____ Cash _____ Check _____ Credit Card _____ CareCredit

Authorization and Risk Assessment

I hereby certify that I am the owner of the above named animal or I am responsible for it and have the authority to execute this consent. I authorize sedation/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 sedation/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 University Veterinary Hospital to perform any additional diagnostic, treatment or surgical procedure(s) deemed necessary for medical or surgical complications or otherwise unforeseen circumstances. While University 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 University Veterinary Hospital, the veterinarians, or any staff member liable for any complications that may arise. I assume full financial responsibility for all services rendered.

I have read and fully understand the sedation, anesthesia, and/or surgery consent form.

Owner's signature and date: _____

Admitting Team Members' signature and date: _____