

CHEROKEE HILLS VETERINARY HOSPITAL

Dr. Debbie Prichard, D.V.M.
7308 N. MacArthur Blvd., Oklahoma City, OK 73132

Dr. Jim Lee, D.V.M.
405.721.2520

Client Information:

[first_name] [last_name]
[address1] [city], [state] [postcode]
[telephone1]
[email]

Patient Information:

[patient_name]
[species], [breed], [sex], [weight], [colour]
Birthday: [date_of_birth]
Neutered: [neutered]

Anesthesia Consent Form for [patient_name] [last_name] [today]

Date and time of last meal: _____

List of current medications: _____

Procedure(s) to be performed: _____

Veterinarian: _____

As with any procedure requiring general and/or local anesthesia, there are certain risks that serious complications or even death may result. To minimize the risk of such occurrences, we mandate baseline bloodwork be performed in order to assure proper organ function, clotting ability, detect anemia or infection, baseline for future reference. The complete blood count (CBC) is a more sensitive indicator of disease than the physical exam. Additionally, white blood cells (WBCs) and platelets can change within hours due to acute infectious diseases. Abnormal glucose levels can increase anesthetic risk and differ markedly between fasted and non-fasted samples, breeds, age, and sick and healthy patients. Evaluating electrolytes, hematocrit and total protein in fasted patients is essential for monitoring during anesthesia, minimizing the risk of arrhythmias and hypotension, and facilitating patient recovery.

As the owner of the above pet, **[patient_name]**, I certify that I am over the age of 18; and I authorize the staff of this hospital to perform the procedure(s) listed above, as well as those deemed necessary to treat life-threatening emergencies. As with all anesthetic, treatment, and/or surgical procedures, I understand there are risks inherent in these services. I acknowledge that staff members at this practice have explained the procedures to me, answered questions to my satisfaction and cannot be held responsible for any unforeseeable results. Further, I understand that I am financially responsible for all costs incurred during this surgery, treatment, and hospitalization.

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While I accept that all procedures will be performed to the best of the abilities of the staff at this facility, I understand that veterinary medicine is not an exact science and that no guarantees have been made regarding the outcome of this/these procedures. I have read and understand the nature of the above procedures and accept the specific terms and conditions set forth herein.

Should unexpected life-saving emergency care be required I would like the hospital staff to attempt the following life saving measures (initial one):

Closed Chest Resuscitation including drugs, CPR, defibrillation and assisted breathing

Open Chest Resuscitation including drugs, CPR, manual cardiac massage, defibrillation and assisted breathing

Do not attempt resuscitation

I acknowledge that I am responsible for payment in full for the above procedures and treatments at the time my pet is discharged.

Owner Signature: _____

Date:
