

**HOPI ANIMAL HOSPITAL
SURGICAL/ANESTHESIA CONSENT AND RELEASE FORM**

Patient Name: _____

Anesthetic Procedures: _____

-Additional Procedures: _____

Dental Procedures: Many pets require sedation and cleaning before a doctor can complete a thorough dental exam. Each tooth is evaluated in order to choose the best treatment. If your pet is here for a dental cleaning, we recommend completing all needed procedures/extractions during this visit to avoid additional appointments and costs.

Please initial the option you prefer below:

_____ **Perform procedure(s) listed above and any additional procedures deemed necessary without contacting me prior.**

*In addition to the estimate, I approve up to: _____ \$250 / _____ \$500 / _____ Any amount necessary

_____ **Perform procedures on estimate ONLY and call if any additional procedures are deemed necessary.**

*If we are unable to reach you, additional procedures will not be performed and may require future appointments, anesthesia, and charges.

TO HELP ENSURE YOUR PET'S SAFETY, PLEASE ANSWER THE FOLLOWING:

Are your pet's vaccinations current? YES / NO

Has your pet had any recent vomiting, diarrhea, coughing, sneezing, or other injury/illness? YES / NO

Did your pet eat anything today? YES / NO

Is your pet allergic to or taking any medications? YES / NO

If yes, list medication allergies: _____ Currently taking: _____

Do you want us to check other problems: YES / NO

If yes, list problems: _____

Do you regularly use dental hygiene products on your pet? YES / NO

(If applies) Is your cat exclusively indoors? YES / NO

ELECTIVE PROCEDURES TO BE PERFORMED: (Additional charges apply)

_____ Remove warts/skin tags (mark location on chart) _____ Flush and clean ears _____ Express anal glands
_____ Brush out/clip hair mats _____ Microchip _____ Trim nails _____ Dremel nails

At Hopi Animal Hospital we are endeavored to minimize all possible complications by providing pre-surgical blood work, IV fluids, and intra-operative monitoring including ECG, pulse oximetry, blood pressure, and nurse monitoring throughout procedure and post-operatively until the patient has fully recovered. Even with these precautions, certain complications may arise and include: nausea, vomiting, diarrhea, lethargy for 2-3 days, decreased appetite, surgical site bleeding and/or infection (especially if the animal is allowed to lick, chew, rub, or scratch the surgical site), and/or death.

I hereby authorize the doctors and staff at Hopi Animal Hospital to perform the procedures listed above on my pet. I have been provided with an estimate for the procedures listed. Surgical/anesthesia procedures and risks have been explained to me, including aftercare and follow-up appointments as needed which may incur additional charges. I understand that this facility is not staffed 24 hours a day. I understand and accept all risks involved. All costs of services will be paid upon release of my pet.

PLEASE LIST A PHONE NUMBER WHERE YOU CAN BE REACHED AT ALL TIMES IN CASE OF AN EMERGENCY.

****If an unforeseen critical issue arises, we will contact you at the number provided below. If you cannot be reached, we will proceed with the necessary treatment determined by the doctor in the best interest of your pet.****

Owner/Agent printed name

Date

Owner/Agent signature

Phone number