



NOAH Pet Clinic

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.

Monitoring—We further minimize anesthetic risk by monitoring heart rate and rhythm, respiration rate and quality, blood pressure, 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.

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.

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 inherent risks, including death, 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 **NOAH Pet Clinic** to perform any additional diagnostic, treatment or surgical procedure(s) deemed necessary for medical or surgical complications or otherwise unforeseen circumstances. While **NOAH Pet Clinic** 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.

In the event that my pet needs to be hospitalized overnight/over the weekend, I understand that, although my pet will be checked on as often as deemed necessary by the doctor, **NOAH Pet Clinic** does not have continuous overnight/weekend monitoring and my pet will be left unattended for up to several hours at a time. The potential complications (up to and including death) that may arise from my pet being left unattended have been explained to me and I understand and accept these risks. I decline referral to an overnight veterinary care facility that would be able to provide continuous monitoring for my pet.

I fully understand these risks and understand that the veterinarians and hospital staff will try to minimize such risks. I will not hold **NOAH Pet Clinic**, 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 10 p.m. 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

Phone numbers where I may be reached today: 1. (_____) _____ 2. (_____) _____