

**Aylett Animal Hospital**  
**P.O.Box 57 Aylett, VA 23009**  
**804-769-1530**

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## Surgery and Anesthesia Consent Form

Client's name \_\_\_\_\_ Pet's name \_\_\_\_\_

Anesthetic and surgical procedure(s) to be performed: \_\_\_\_\_

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### 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).

**Anesthesia**—Pre-surgical blood work and physical examination will enable us to assess and minimize the risk of anesthesia for your pet. Pre-surgical blood work is an additional \$67.00. It test for abnormal levels of liver and kidney enzymes, diabetes and indications of concurrent infections. Please indicate if you would like Pre-surgical blood work done on your pet.

- Yes, I would like Pre-surgical blood work preformed (\$67.00)
- No, I would like to decline Pre-surgical blood work

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

**Biopsy- FOR TUMOR(S) REMOVAL ONLY-** Please indicate if you would like the tumor sent to our laboratory for a biopsy.

- Yes, I would like a biopsy done (1 sample \$213.00, each additional sample is \$97.16 per sample)
- No, I would like to decline a biopsy testing.

### 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 Aylett Animal Hospital to perform any additional diagnostic, treatment or surgical procedure(s) deemed necessary for medical or surgical complications or otherwise unforeseen circumstances. While Aylett 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 Aylett 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 8 pm 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. (\_\_\_\_\_) \_\_\_\_\_