

WESTBROOK ANIMAL HOSPITAL

3355 South Church Street

Burlington, N.C. 27215

(336) 584-9978

**ANESTHETIC PROCEDURE CONSENT FORM**

CLIENT NAME: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

**CONSENT:**

I authorize Westbrook Animal Hospital to provide / perform the following treatment (s) or procedure(s) on my pet: \_\_\_\_\_

Many of our treatments or surgical procedures are performed under sedation or general anesthesia. A thorough physical examination is performed prior to sedation. However, with physical examination alone, underlying kidney, liver, heart or blood disorders may not be identified. Blood screening can help identify these disorders. Adjustments to the anesthetics used or postponing the procedure can be done to minimize further risk, damage, or even death. These tests are similar to what your own physician would run if you were to go under anesthesia. Testing is done here at the clinic so results are available immediately before the procedure.

**Blood screening is required at least 3 days prior to all anesthetic procedures. Please call the office to schedule your pet's pre-anesthetic blood screening.**

**ANTI-NAUSEA INJECTION:**

All pets react differently to anesthetic. Sometimes nausea can occur after an anesthetic procedure. We offer an injection to prevent vomiting and possible aspiration. Cost is based on pet's weight, call the office for pricing. Please initial your choice below:

YES, I do want my pet to receive this injection.

NO, I do not want my pet to receive this injection.

**MICROCHIP:**

YES, I do wish for my pet to have a microchip implanted. Please call the office for cost.

NO, I do not wish for my pet to have a microchip implanted

**RELEASE STATEMENT:**

I understand that all sedation / anesthesia involves some risk to my pet. Westbrook Animal Hospital strives to minimize any risk yet problems do sometime occur. I understand that I will assume all risks, and that Westbrook Animal Hospital will not be held liable in any manner or circumstance.

I have read and understand this statement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Phone number where we can reach you at all times today:** \_\_\_\_\_