

# Anesthesia and CPR Consent Form

Pet's Name:	Procedure:
Emergency Contact Name & Number:	Date:

I understand that in performing today's procedure (s) my pet will receive a sedation or general anesthetic. I understand that anesthetic and surgical procedures may involve the risk of complications, regardless of patient's age, health conditions or side-effects to medicine. Your pet may incur the risk of injury or even death from both and unknown causes and no guarantee has either been expressed or implied as to the result or cure, and I am encouraged to discuss any concerns I have about those risks with my veterinarian or nurses before the procedure.

**Preparation-** The skin around the surgical procedure will be clipped and scrubbed with an antiseptic. We follow all sterile procedure requirements (surgical preparation, surgical packs, and surgical attire).

**Monitoring-** All patients are monitored during anesthetic procedures with an ECG machine, pulse oximetry, blood pressure machine, and capnograph. In addition to the monitoring equipment, all surgeries are manually monitored by the doctor or a dedicated nurse anesthetist during the procedure

**Catheterization-** For most surgical procedures, an intravenous catheter is placed to provide an easy route to administer medications and fluids which allows us to maintain blood pressure and support kidney function during the procedure. A small patch of fur will be shaved to place the IVC.

**CPR-** Your pet may require cardiopulmonary resuscitation (CPR), including cardiac compressions, positive pressure respiration, emergency medications, or other interventions. If I request such emergency procedures, I agree to be held responsible for veterinary services provided to my pet while staff members pursue treatment and try to reach me for further directions. Regardless of my pet's recovery or survival, I agree to pay CPR fees in addition to other fees already identified by the practice and agreed upon by me.

**Please initial one of the following:**

_____ <b>CPR treatment and the costs associated.</b>
_____ <b>DNR "do not resuscitate". This is a decision that CPR is not to be performed.</b>

Please answer the following questions about your pet's history and present health:

1. Patient's last meal was last night before 12am.
2. Patient ever had any adverse reactions to anesthesia or tranquilizer?
3. Is your pet currently taking any medication?
4. Is there anything else you would like us to perform while your pet is in our care? Anal glands, grooming, fecal, vaccines, ear cleaning?

**\*\* We offer a complimentary nail trim for anesthetic procedures if you DO NOT want us to trim your pet's nails please inform us. \*\***

**\*\*\*\* We are a light paper practice and prefer to email discharge sheets. Please select one:**

**Email** \_\_\_\_\_ **Print** \_\_\_\_\_

**Client/Agent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_