



Anesthesia Consent Form

I hereby consent to the performance of the operation/procedure explained to me by the doctor and/or such assistants as may be selected by him/her, with whatever treatment, dressings or medications necessary. I consent to appropriate anesthesia/sedation, including invasive monitoring as deemed necessary. I understand that anesthesia/sedation carries inherent risks despite careful adherence to all standard precautions. The veterinarian has describe the operation/procedure and has explained to my satisfaction the purpose for performing them, any potential treatment alternatives and the risks involved with them. I realize that there can be no guarantee as to the animal's condition or the outcome of any procedure. In particular, I have been advised that in the event that the treatment requires the use o f anesthesia, that there is a risk of death any time an anesthetic is used and that I have been advised of the possibility, small as it may be of such an occurrence.

I understand that an unforeseen condition may be revealed during the identified procedures which in the opinion of the attending veterinarian, may require more extensive or different procedures/treatments. I understand that reasonable efforts will be made to contact me to explain these procedures and treatments and obtain my instructions regarding them. However, if the efforts are unsuccessful, I authorize the performance of any procedures or treatments which are necessary in the professional opinion of the attending veterinarian.

I understand that surgical procedures may have complications such as, but not limited to:

- **Infection**
- **Bleeding** – can be due to metabolic issues or trauma to the site.
- **Swelling** – can be due to metabolic issues, trauma to the site or normal healing post-procedure.
- **Seroma** (fluid filled swelling at the site of the procedure) – can be due to tissue removal or excessive exercise.
- **Dehiscence** (opening of the surgical site) – often due to excessive exercise, wound tension, or chewing, licking or scratching at the procedure site.
- **Other potential complications unique to this surgery** _____

I have read and understand this authorization.

Print Name

Date

Sign Name

Would you like a call after the procedure/Surgery: Yes No

If yes any time restrictions: _____