

Pre-Anesthesia Consent Form: Spay/Neuter

Print, fill in, and bring this form with you to your visit.

CLIENT/PATIENT INFO

OWNER'S NAME

EMAIL

DATE (MM/DD/YYYY)

CLIENT NUMBER

PET'S NAME

SPECIES

BREED

COLOR

AGE

CONSENT INFO

As the owner or agent of the above animal, I hereby give my consent to South Buffalo Springs Animal Hospital to perform the following on my pet.

Like you, our greatest concern is the well being of your pet. Prior to administering anesthesia to your pet, a full physical exam is performed. Included in the price of each procedure is: (1) an intravenous catheter and fluid therapy, (2) pain medication before, during, and after the procedure, (3) state of the art anesthesia monitoring.

Pre Anesthetic Blood Testing

A blood analysis can reveal underlying problems that may not be outwardly visible. This test provides us with a look at your pet's vital organ function which can play a critical role in determining how much risk is involved. Before administering any anesthetic, a doctor will evaluate these test results.

☐ ACCEPT

☐ DECLINE

Additional Pain Medication

I request an injection of Buprenex (an opioid) during surgery and Carprofen (an anti-inflammatory) to take home to aid in pain relief and healing.

☐ ACCEPT

☐ DECLINE

Microchipping

30-40% of all pets will get lost in their lifetime. We recommend all pets be permanently identified through the use of a microchip implanted under the skin. This quick and simple procedure gives your pet permanent identification that will assist in the return of your pet if found and scanned by animal shelter or veterinary hospital.

☐ ACCEPT

☐ DECLINE

PRIMARY CONTACT NUMBER

ALTERNATE CONTACT NUMBER

I, the undersigned, do hereby certify that I am the owner or duly authorized agent for the owner of the animal described above and have the authority to execute this consent.

I understand that during the performance of the procedure, an unforeseen situation may arise that necessitates an extension or variance in the procedure set above. I hereby authorize South Buffalo Springs Animal Hospital to use reasonable care and judgment in performing the procedure.

I have been advised as to the nature of the procedures and the risks involved in performing general anesthesia to the above described animal. I realize that results cannot be guaranteed. I understand that any surgical site may be re-opened or dehisced from high activity or from chewing at the incision site. Once I pick up my pet I understand that it is my responsibility to prevent any activity or from licking that may affect the surgical site. If the surgical site needs to be medically or surgically treated, I understand that I alone am responsible for any and all costs.

I have read and understand this authorization and consent. I further understand that I assume financial responsibility for all services rendered.

By signing below, I, the owner of the above pet, agree to all of the above statements.

OWNER OR AGENT SIGNATURE

DATE

South Buffalo Springs Animal Hospital · 7385 South Buffalo, Las Vegas, NV 89113 · (702) 333-1770