

BURNSVILLE PARKWAY ANIMAL HOSPITAL

950 W Burnsville Parkway

Burnsville, MN 55337

ANESTHESIA/SURGICAL CONSENT AND REQUEST FORM

As with any surgical, dental, or other diagnostic procedure requiring the use of anesthetics or sedatives, there are always a small number of animals that may have adverse reactions with the use of these types of drugs. Therefore, we advise all pet owners to consider taking the recommended safeguards to ensure your pet a safe and healthy surgical procedure. Before any procedure is performed, the doctor will do a presurgical assessment of the animal and an appropriate anesthesia protocol will be determined.

IV catheter and fluids will be administered to your pet while under for his/her surgical procedure. This provides a much needed access to a vein in case of an emergency, and allows us to keep your pet hydrated throughout the procedure. Your pet will recover from surgery more rapidly and comfortably with the aid of the fluids.

To my knowledge, my pet is current on the required vaccinations for hospitalization. If it is found that my pet is not current, the required vaccines will be given at the owners cost.

Initial _____

We feel strongly that the Blood Chemistries/CBC listed below can enable us to offer the patient a safer procedure and help us detect any problem before it may become serious.

Pre-anesthetic blood screens:

Yes / No – Pre-anesthetic Profile – blood chemistry (basic liver & kidney function, blood glucose, total protein), CBC (red and white blood cell count, platelet evaluation), & electrolytes (Sodium, Chloride, Potassium levels). _____ **\$85.00**

Yes / No – General Health Profile – blood chemistry (comprehensive liver & kidney function, pancreas levels, cholesterol, calcium level), CBC, electrolytes (see Pre-anesthetic Profile). _____ **\$140.50**

Additional services available while under anesthesia:

- | | |
|---|--|
| _____ Dental cleaning & polishing
(Ask for estimate) | _____ Nail trim –No Charge
(Under Anesthesia) |
| _____ Oravet Home Care Kit. \$38.26 | _____ Vaccinations (cost varies) |
| _____ Home Again Microchip \$80.50 | _____ Anal sac expression \$18.50
(Under Anesthesia) |
| _____ Laser Surgery | _____ Dental x-rays (cost varies) |
| _____ Other _____ | |

I have the authority to grant you my consent to receive, prescribe for, treat and/or operate on my pet. You are to use all reasonable precautions against injury, escape or death of my pet, but you will not be held liable or responsible in any manner in connection therewith, as it is thoroughly understood that I assume all risks.

Pet's Name: _____ **Phone #:** _____

Signature of responsible party: _____ **Date:** _____

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