

NORTHWEST ANIMAL HOSPITAL

www.nwahomaha.com

Omaha , NE 68134

(402) 572-1280

Anesthesia/Surgery Consent Form

1/29/2010

Client ID:
Client Name:
Address:

Telephone:

Patient ID:
Name:
Species:
Breed:
Sex:
Color:
Markings:
Birth Date:

-Advances in anesthetic protocol and surgery have made these procedures relatively safe, with very low rate of complications. Nevertheless, problems can arise due to pre-existing conditions not evident during our pre-anesthetic examinations.

-To help avoid these problems, we recommend that all patients be screened prior to anesthesia by means of laboratory tests. If there is any indication of an abnormality, we will either contact you before proceeding or we will take those steps necessary to ensure the safety of your pet.

-All clients admitting a pet for surgery/anesthesia must select and check the appropriate options below:

BLOOD SCREEN (Includes red blood cell count, kidney and liver function tests, protein and blood sugar levels)

_____ YES, I would like this test performed prior to anesthetizing my pet for a fee of **\$33.00**

_____ NO, I decline this test on my pet

ELECTROCARDIOGRAM (This test screens for abnormalities in your pet's heart rhythm)

_____ YES, I would like this test performed prior to anesthetizing my pet for a fee of **\$27.00**

_____ NO, I decline this test on my pet

MICROCHIP IDENTIFICATION

Microchipping your pet is an effective, inexpensive way to ensure your pet's safe return if it would escape or run away from home. While your pet is sedated today, we could implant a microchip if you wish to have this done.

_____ YES, I would like to have a microchip implanted today for **\$45.00**

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

DENTISTRY/TEETH EXTRACTIONS

If your pet is here for a dentistry and the doctor recommends that diseased teeth be extracted, please indicate if you wish to be contacted prior to extraction. Extractions incur charges in addition to teeth cleaning. If you cannot be contacted at number provided, diseased teeth will be extracted if it is the best interest of your pet.

_____ I do not wish to be contacted prior to teeth extractions, if needed. I agree to pay additional charges incurred for this service.

_____ I wish to be contacted prior to teeth extractions at number provided below.

As the owner or agent of the admitting pet, I give my consent to Northwest Animal Hospital to perform the following procedure(s):

Signature _____ Phone _____
(Where you can be reached today)