

WESTERN HILLS ANIMAL HOSPITAL

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PRE-ANESTHESIA/SURGERY CONSENT FORM

Owner's Name _____ Animal's name _____

Doctor _____ Breed _____ Sex _____

I am the owner of the above described animal, and I authorize the following procedure or surgery:

1. I understand that during this procedure or surgery, unforeseen conditions may require additional treatments. Therefore, I hereby consent to and authorize these treatments as necessary in the professional judgment of the attending veterinarian. Additional pain medication is the most common additional treatment required. (Please initial) _____

2. I have been advised as to the type of surgery/procedure to be performed, the risks involved, and that no guarantee has been neither stated nor implied. (Please initial) _____

3. Has your pet eaten any food in the last 6 to 12 hours? Yes _____ No _____

4. Blood tests are strongly recommended for your pet prior to anesthesia/surgery. Before your pet goes under anesthesia, we will perform a full physical examination. However, many conditions including disorders of the liver, kidneys, or blood are not detected unless blood testing is performed. These tests are especially important to help us rule out any pre-existing internal problems that may not be evident physically, but could lead to serious complications. The costs of these tests are _____

I request these recommended tests _____ I decline these recommended tests _____

5. I request vaccinations to be performed while my animal is here for surgery, if permitted during this time. Administer vaccinations _____ I decline vaccinations _____

6. I would like to have the following services rendered while my pet is under anesthesia:

Nail trim _____ Ear Cleaning _____ Mats combed out _____ Heartworm test _____

Anal glands expressed _____ Microchip Application _____ Flea Bath _____

7. Sign below indicating that you have read and understand this consent form. If you need further information, please ask. You have every right to be fully informed of your pet's care and we are glad to help.

Owner's Signature _____ Date _____

Today's Phone Number _____

CONSENT FOR LASER TECHNOLOGY/PAIN MEDICATION

OUR FACILITY OFFERS TWO DIFFERENT TYPES OF LASER TECHNOLOGY:

1. The CO₂ laser can replace the scalpel and provide a better alternative to traditional surgery, in many cases. This progressive technology providing benefits such as less bleeding, less trauma to the surrounding tissues and less pain. There is a _____ additional fee for this procedure.

I request laser surgery for my pet _____ I decline laser surgery _____

2. The Companion therapy laser is a deep penetrating therapy light laser that reduces chronic pain, post operative pain, and swelling and reduces healing time. This procedure can be provided for an additional cost of _____ and includes _____ treatment.

I request this treatment for my pet _____ I decline this treatment for my pet _____

PAIN MEDICATIONS

3. No pet should suffer from unnecessary pain. Our policy is to control pain of pets in our care. While pets can't tell us when and where they hurt, we know they feel pain much as people do. Consequently, we assume any injury, disease or procedure that causes pain in people will also cause pain in your pet – and should be treated.

Medication may be administered before, during and after your pet's medical procedure to reduce pain and discomfort and to promote recovery.

_____ I request pain medication for my pet

_____ I decline pain medication for my pet

4. Sign below indicating that you have read and understand this consent form. If you need further information, please ask. You have every right to be fully informed of your pet's care and we are glad to help.

Owner's Signature _____ Date _____