

**Animal Hospital of Lynnwood**

19503 56<sup>th</sup> Avenue West

Lynnwood, WA 98036-5980

Phone : (425) 771-6300 Fax : (425) 672-1107



**Animal Wellness & Rehab Center**

2115 112<sup>th</sup> Avenue Northeast # 100

Bellevue, WA 98004

Phone : (425) 455-8900 Fax : (425) 455-9946

**Anesthetic consent form**

**Checklist:**

- Patient has had no food since 10:00 PM
- Patient has no history of seizures
- Patient has no history of adverse drug reactions
- Medicine (if prescribed) was given as directed
- If your female dog is here to be spayed:*
- Has she been in heat w/in the last 4 wks?



**PATIENT INFORMATION**

Patient Name: \_\_\_\_\_

Species: Feline / Canine Sex: \_\_\_\_\_

Other \_\_\_\_\_

Procedure: \_\_\_\_\_

**CONTACT PHONE NUMBER**

Empty box for contact phone number.

I, \_\_\_\_\_, am at least 18 years of age and I am the legal owner of the animal described in this medical record. I am admitting my pet (name) \_\_\_\_\_ for surgery to be performed by one of the Veterinarians at Animal Hospital of Lynnwood (AHL)/ Animal Wellness and Rehab Center (AWC) on (date)\_\_\_\_\_.

Please indicate your understanding by **initialing**

\_\_\_\_\_ A) The diagnosis, medical/surgical care and post surgical care has been described to my satisfaction.

\_\_\_\_\_ B) A financial estimate has been prepared for me. I understand these expected costs are only estimates and that situations can arise that would alter the actual medical cost. If not I would like to get one.

\_\_\_\_\_ C) I accept that all medical/surgical procedures involve some risk. I understand that these risks include but are not limited to:

**1) General anesthesia.** I realize that some patients may have adverse reactions to anesthesia that may result in permanent injury or death.

**2) Infections can complicate would healing.** I realize that despite all precautions, a small percentage of patients may develop infections. I understand that these patients require additional medical care, which is not covered in my medical estimate.

**3) Unexpected outcomes.** I understand that no promises or warranties can be given. I realize that complications can occur at any point during the procedure or the healing process. I accept that some complications can prevent my pet from achieving the outcome I had hoped for.



**SIGNATURE** \_\_\_\_\_

*Please see the other side ----- >*

# Pre-anesthetic Testing Consent Form

Like you, our greatest concern is the well-being of your pet. Before putting your pet under anesthesia, we will perform a full physical examination. However, some conditions, including disorders of the liver, kidneys & blood are not detected unless blood testing is performed. Anesthetic agents are processed through the body by the liver & the kidneys, thus any disorder regarding these organs can increase your pet's anesthetic risk. For this reason, we highly recommend that pre-anesthetic bloodwork be performed to maximize patient safety and alert the doctor to the presence of dehydration, anemia, infection, diabetes and/or kidney or liver disease which could complicate the procedure. These tests are similar to those your own physician would run if you were to undergo anesthesia. In addition, the results of these tests will be used as a baseline for comparison in the future as your pet ages, and may aid in development of faster & more accurate diagnosis and treatments.

Pre-Anesthetic Panel	General Health Profile
<ul style="list-style-type: none"> <li>• BUN (kidney)</li> <li>• TP (hydration)</li> <li>• Glucose (sugar)</li> <li>• ALKP (liver)</li> <li>• ALT (liver)</li> <li>• Creatinine (kidney)</li> <li>• Electrolytes (Sodium, Potassium, &amp; Chloride)</li> </ul>	<p><b>***Includes all the tests in the Pre-Anesthetic Panel plus:</b></p> <ul style="list-style-type: none"> <li>• Globulin (chronic inflammation)</li> <li>• Albumin (protein)</li> <li>• Calcium (certain cancers)</li> <li>• Cholesterol</li> <li>• Phosphorus (kidney)</li> <li>• Total Bilirubin (liver)</li> <li>• Amylase (pancreas)</li> </ul>



**ACCEPT:** Please complete the recommended testing prior to administering anesthesia to my pet

**Pre-Anesthetic Profile** \_\_\_\_\_ Initial **OR General Health Profile** \_\_\_\_\_ Initial

**DECLINE:** I have elected to decline the recommended bloodwork at this time. I fully understand the possible consequences of anesthesia and surgery/dentistry being performed without the knowledge obtained from the aforementioned workup. I, the owner, agree to hold AHL/AWC harmless, in the absence of negligence, in the event of untoward anesthetic complications that might have been detected had these tests been performed.

Initial: \_\_\_\_\_

**Signature of Owner or Agent**

**Date:**