

**CONSENT FOR ANESTHESIA AND SURGERY**  
*"Because We Care"*

Your pet, <animal>, has been scheduled for anesthesia and/or surgery. Please take a moment to read this consent form and complete the information below.

**Owner's Name**            <first-name> <last-name>

**Today's Contact Number** \_\_\_\_\_            **Dismissal Appt. time** \_\_\_\_\_

**Address**            <address>  
                         <city>, <st> <zip>

**Client #**            <number>

**Pet's Name**        <animal>

**Breed**             <breed>

**Color**             <color>

**Sex**                <sex-name>

**Age**                <age>

I am the owner (or agent of the owner) of <animal> and have the authority to execute this consent. I hereby authorize Olathe Animal Hospital, Inc. to perform such diagnostic, therapeutic, anesthetic, and/or surgical procedures as are necessary and advisable for the treatment and maintenance of my pet's health and well being. The nature of these procedures has been explained to me, and I understand what will be done.

While I expect all procedures to be done to the best of the abilities of the professional staff, I realize that no guarantee or warranty can ethically or professionally be made regarding the results. I am responsible for the charges that will be incurred in the treatment of this animal.

Should some unexpected life-saving emergency care be required and the hospital staff be unable to reach me, the Olathe Animal Hospital, Inc. has my permission to provide such treatment, and I agree to pay for such service. I have read and fully understand the terms and conditions set forth above.

**Signature of Owner or Agent** \_\_\_\_\_ **Date** \_\_\_\_\_

Opt Out: Check this box if you do NOT want your pet's picture or name displayed on our website, Facebook, Twitter, or any promotional materials. We love sharing our pictures with other pet lovers!

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The following services **will be performed** with the best interests of your pet in mind. These services are provided with **all** surgical procedures in order to maximize the chances of a safe and comfortable recovery for your pet. Written estimates for the work planned should always be provided. **If you did not receive a written estimate, please ask for one.**

- **Blood Testing:** The purpose of blood testing is to rule out many of the common health problems that increase anesthetic risks.  
**Pets 0-6 years old:** Kidney function (BUN), Liver function (ALT), Complete Blood Cell Count, Platelet Count and Electrolytes.  
**Pets 7+ years old:** Serum Profile covering twelve different chemistries, Complete blood Cell Count, Platelet Count. In some cases, additional blood work may be sent out to commercial laboratories.
  - **Pulse Oximeter:** The heart and oxygen monitor will track your pet's cardiovascular and respiratory functions while under anesthesia.
  - **Pre- and Post- Operative Pain Control:** The pain medication will help reduce pain during surgery and during the recovery period, thereby reducing stress and reducing the recovery time. Meloxicam will be used extra-label in cats, an effective pain control medication that is easy to administer and has been used for many years for cats in Europe. I understand this is extra-label use. \_\_\_\_\_ initials.
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