

# ANESTHESIA CONSENT

I, \_\_\_\_\_ hereby authorize LaSalle Animal Hospital to use general anesthesia on \_\_\_\_\_ for the above treatment/surgery. I understand that some risks always exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns that I have about those risks with the veterinarian before the procedure is initiated. I have read and understand this statement.

Any questions I have regarding the following issues have been answered to my satisfaction:

- The reasonable medical and/or surgical treatment options for my pet
- Sufficient details of the procedures to understand what will be performed
- How fully my pet will recover and how long it will take
- The estimate of the fees for all services
- The length and type of follow up care and home restraint required
- The most common and serious complications

**I am aware that if any additional medications, treatments, or services are required due to complications associated with this procedure, I, the owner am responsible for all fees associated with the additional services provided. (A new treatment plan will be presented prior to those services being provided).**

I have read and understand Anesthesia Consent.

# PRE-ANESTHETIC BLOODWORK CONSENT

By testing your pet before anesthesia, you help reduce his or her risk of anesthetic complication. Pre-anesthetic testing helps us understand whether your pets' vital organs are functioning properly and that your pet can properly process and eliminate anesthesia. Just like when people undergo an anesthetic procedure, your doctor would perform pre-anesthetic testing.

If all the tests are normal, it does not guarantee that your pet will not have an anesthetic reaction, but it does tell us that your pet is healthy and in a low-risk category. Any anesthetic carries a serious risk. The more information we have the safer that risk will be.

**I ACCEPT** a pre-anesthetic blood chemistry and CBC profile.

If any of these test results are abnormal, the veterinarian will discuss the findings with you and may decide to do one of the following:

1. Postpone the anesthetic procedure until a later date
2. Further testing to pursue a specific diagnosis
3. Proceed with anesthesia, but alter the drugs and procedures

**I DECLINE** a pre-anesthetic blood chemistry and CBC profile.

I have read and understand Pre-Anesthetic Bloodwork Consent

# EMERGENCY CONSENT

I acknowledge and understand that anesthesia poses a risk to my pet, regardless of health status. In the event of unforeseen complications, **I give permission** to the doctors and staff of LaSalle Animal Hospital to take reasonable measures in treating my pet and accept all charges that are incurred as a result of such action.

I acknowledge and understand that anesthesia poses a risk to my pet, regardless of health status. In the event of unforeseen complications, **I do not give** permission to the doctors and staff to take measures in treating my pet and I understand that my pet may die without immediate critical care. In making this decision, the doctors and staff at LaSalle Animal Hospital will not be held liable or responsible in any manner whatsoever.

I have read and understand Emergency Consent.

# ESTIMATE CONSENT

I am the owner of or am acting as an agent for the owner of the pet named above and accept full financial responsibility. The doctor has explained the medical condition of my pet and the proposed regimen of treatment and/or surgery. I authorize the doctor to proceed as discussed. I understand that a good faith effort was made to make the above treatment plan totally accurate to within a +/- range of 15%. I can be contacted during the expected treatment period to be advised and give consent to any unforeseen charges. A deposit of 75% of the estimated treatment cost is required prior to the commencement of any treatment.

Please provide the best contact number to reach you on the day of the procedure.