

Sedation and General Anesthesia Consent

To be completed prior to each sterilization or anesthetic procedure



Today's date: ____/____/____ Best Phone # to reach today: _____

Client's name: _____ Pet's name: _____

I, being a minimum of 18 years of age and possessing ownership of the animal herein, have the authority to grant the C.A.R.E. Clinic and its staff members, volunteers, or agents my consent to receive, transport, prescribe for, treat, and/or perform sterilization surgery or other anesthetic procedure upon the animal named above.

I have been advised and understand the following:

1. Modern techniques and trained staff will be used to care for all animals and reasonable precautions will be used against injury, escape, or destruction of the animal. It is thoroughly understood that the C.A.R.E. Clinic, its staff, volunteers, and agents will not be held liable or responsible in any manner and I assume all risks.
2. I have been informed and understand that there are certain risks and complications associated with any operation or anesthetic procedure. I further understand that during the course of this procedure, unforeseen conditions may arise that may necessitate the performance of additional procedures. If, in the course of treatment, a condition is discovered that requires medical attention or an additional procedure, such as a hernia repair, dental extractions, emergency drugs, or the administration of intravenous fluids, the attending veterinarian may, in his/her absolute discretion, perform such a procedure and I agree to pay reasonable additional charges. Additionally, I understand that if it is determined that my animal is in heat or pregnant additional fees will be charged appropriately.
3. As long as, in the opinion of the attending veterinarian, the animal is deemed an acceptable surgical candidate, sterilization or other anesthetic procedures will be performed regardless of the animal's sex or medical condition, including pregnancy. I understand that the attending veterinarian can refuse to perform any procedure on any animal for any reason. Such refusal is at the sole discretion of the attending veterinarian.
4. It is strongly recommended that you visit your regular veterinarian prior to the scheduled appointment for a routine wellness exam and baseline blood work. Our medical staff will examine each animal before surgery with the exception of aggressive animals that pose a danger to staff, and feral cats. For clinic staff safety, we often must sedate aggressive animals or animals not up to date on rabies vaccination without a prior exam. By signing this form, you are acknowledging that you 1) have previously had your animal examined at a full-service veterinary clinic and had all recommended pre-operative testing and vaccinations performed, or 2) are waiving the right to do so and acknowledge that your animal may be at increased risk for anesthetic complications and sedated with a partial exam or no exam at all.
5. For aggressive dogs and cats, including feral cats, only basic exams, which includes checking for eye and nasal discharge and looking at the animal's general body condition, will be conducted. Temperature, pulse, and respiration will not be taken prior to surgery. A fee of \$20 will be added to the total cost of the procedure for aggressive animals, which is defined by the threat of harm to veterinary staff or other individuals involving snarling, growling, snapping, biting, lunging, or swatting.
6. Animals must be picked up from the clinic at the time designated by clinic staff on the day of surgery. I understand that failure to arrive before closing time may result in additional charges accrued. If I do not claim the animal, I understand that after 24 hours, the animal will be considered abandoned and the animal will be disposed of in accordance with policies established by the C.A.R.E. Clinic. I understand that once any animal has been abandoned, I relinquish all ownership rights and will be held responsible for any and all costs, including but not limited to medical and boarding expenses.
7. It is required by law that all animals 12 weeks and older are rabies vaccinated. By signing this form, I acknowledge that 1) I have provided proper veterinary documentation as proof of current rabies vaccination for my animal, or 2) my animal will be vaccinated for rabies at the time of the anesthetic procedure and at my expense.
8. The C.A.R.E. Clinic requires that all dogs 7 months of age or older have a current heartworm test and have proof of the animal being on monthly heartworm prevention. By signing this document, I acknowledge that I

have provided records from my regular veterinarian proving my animal has had a heartworm test within the past year and has been on monthly heartworm prevention since the time of the heartworm test, or 2) my animal will receive a heartworm test during the anesthetic procedure at my expense. It is **strongly** recommended that every dog receive monthly heartworm prevention lifelong.

9. It is the policy of the C.A.R.E. Clinic that all animals age 5 or older undergoing any anesthetic procedure receive pre-operative bloodwork, barring aggression that prevents the performance of bloodwork, and feral cats. By signing this document, I acknowledge that 1) if my animal is at or above the age of 5, bloodwork will be performed at my expense, or 2) if the pet is aggressive or too difficult to restrain, blood work will be performed while the animal is under general anesthesia. The animal will still receive the scheduled anesthetic procedure and will be at a higher risk of anesthetic complications.
10. **By initialing here, I acknowledge receipt of post-operative instructions.** _____ (initials required)
11. By initialing here, I understand that if the anesthetic procedure performed today was sterilization, in an effort to indicate that my animal has been spayed/neutered, the C.A.R.E. Clinic will tattoo my animal. The tattoo will show as a small green mark on either side of the incision or lateral to the umbilicus. This mark should not be confused with infection or gangrene and should not cause my animal any pain or discomfort or any other reaction. _____ (initials required)

Signature: _____ Date: _____

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