

# SOUTHERN CALIFORNIA VETERINARY HOSPITAL



## Feline Neuter Anesthesia Consent Form for Surgery

(Your name and your pet's name)

### Safety and Comfort

For the *safety* and *comfort* of our patients, and for the peace of mind of our clients, we have a minimum set of requirements before, during, and after anesthesia. In addition, we offer additional care above and beyond our minimum standards for those cases requiring more as outlined below. All of the costs of this care will be fully outlined in the treatment plan before services are rendered. While we attempt to be accurate it does not include the cost of unforeseen circumstances and all efforts will be made to contact you if this occurs.

### Our Requirements

For **SAFETY** we require the following:

- A current examination no more than one day prior to the procedure (Veterinary Medical Board Requirement)
- Lab tests of blood to determine underlying problems  
Advances in anesthesia and surgery have made most procedures quite safe, with a low rate of complications. However, occasional problems can arise if the veterinarian is not aware of the pre-existing conditions which may not be evident during the pre-surgical examination and diagnostic testing. We require that every pet undergoing general anesthesia have baseline lab testing. This does not guarantee the absence of complications; however, it will greatly reduce the risk of complications.

For **COMFORT** we require the following:

- An anti-pain injection before the procedure that lessens the perception of pain afterwards
- Post procedure anti-pain injection for sustained comfort

### Additional Services

For Additional Safety we recommend a chest x-ray and an EKG to check heart size and function.

- Yes, I would like Pre-surgical chest x-rays 97.20
- Yes, I would like a Pre-surgical Electrocardiogram (EKG) 57.30

For your convenience we offer the following additional services. Some are easier and more comfortable if performed while under anesthesia.

- Yes, I would like a Home Again Microchip® placed during anesthesia [70.60 includes lifetime registration](#)
- Yes, I would like the **ORA VET™ Dental Sealant** (includes the first Ora Vet home kit for continuous protection - a 28.00 dollar value) 38.40
- Yes, I would like a fluoride treatment (pets under one year old only) 8.70
- Yes, I would like a toe nail trim 9.20

### Authorization

I am the owner or authorized agent and hereby authorize the Southern California Veterinary Hospital (doctors and staff) to administer treatment and anesthesia as are determined to be necessary by the attending veterinarian. Further, I understand why such diagnostic, medical and/or surgical procedures are being performed. Their advantages and possible complications, as well as possible alternative treatments, are either made or implied. I am aware that veterinary service is not provided overnight. I further authorize emergency treatment if necessary without additional approval.

\_\_\_\_\_  
(Signature of owner or authorized agent)

\_\_\_\_\_  
(Date)

Where can we reach you today? Telephone #: \_\_\_\_\_

#### For hospital use only:

When ate last? \_\_\_\_\_ Vaccines? \_\_\_\_\_ Flea Preventative? \_\_\_\_\_ Any Vomit/Diarrhea/Sneeze/Cough/ problems with previous anesthesia? \_\_\_\_\_ On Medications? \_\_\_\_\_ Given today? \_\_\_\_\_ Initials \_\_\_\_\_