

Veterinary Hospital Anaesthetic Consent Form

OWNER	Home Mobile Email
NAME	SEX
BREED	COLOR
D.O.B. AGE	WEIGHT
PROCEDURE:	

HAS YOUR PET: EATEN TODAY? YES NO
 HAD ANY MEDICATION TODAY? YES NO

If yes, which medication & when? _____

Your pet is scheduled for a procedure that requires anaesthesia or sedation

Prior to anaesthesia, a vet will perform a complete **physical examination** to identify any existing medical conditions that could complicate the procedure & compromise the health of your pet.

There is always the possibility a physical exam alone will not identify all of your pet’s health problems. Prior to anaesthesia a **pre-anaesthetic blood test** can be performed. Bloods tests can reduce the risk of **complications** as well as **identify medical conditions** that could require medical treatment in the future. **Animals over the age of 8 are strongly recommended to have blood tests prior to anaesthesia**

Intravenous fluid therapy will be administered to help support blood pressure & process anaesthetic drugs.

PLEASE CHOOSE FROM THE FOLLOWING BLOOD TESTS OPTIONS:

Pre-anaesthetic profile & FBC – checks liver, kidney & glucose function - \$

OR

General health profile & Full Blood Count (FBC) - as above + infection status - \$

I accept the blood tests as indicated above

I decline the blood tests at this time & request you proceed with anaesthesia. I understand medical conditions may exist which would be impossible to identify during a physical exam alone. I understand that my pet’s health could be at risk if such a condition goes undetected when my pet is placed under anaesthesia.

DENTISTRY: I acknowledge that extractions maybe required during the course of the procedure

Estimated costs of procedure \$ _____ to \$ _____

I acknowledge that all accounts must be settled at the time of service or discharge from hospital

Payment Type

Eftpos Credit Card Cash Cheque Vetpay credit application

Signature of Owner _____ **Date** _____

EMAIL ADDRESS: _____

NAME PROCEDURE.....

PRE-G/A BLOODS: No/ Yes- Date..... Significant findings?.....

ANAESTHETIC RISK:- Low / Mod/ Great VET.....VET NURSE.....

PREANAESTHETIC EXAM

Weight	Age	HR	Ht murmur N/Y ? (gde /6)	Chest Sounds	RR	MM colour	CRT	Temp
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MEDICATIONS

Drug type	Drug name	dose	Route	time
Pre-medication				
Induction				
Intra-operative				
Post-operative				

Intra-operative Fluids YES/NO	Type	Start time	Rate	End time

Sx Start time	
Anaesthetic off	
Extubated	

		time																					
		0	10	20	30	40	50	60	70	80	90	100	110	120	130	140	150	160	170	180	190	200	
temp	200																						
	190																						
	180																						
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	20																						
	10																						
	0																						
BP																							
Iso setting																							
Pulse																							
Ox																							
Resp Rate																							