

**Animal Hospital of Melissa
Surgical / Anesthesia Consent Form**

Patient Name: _____ Client Name (first & last): _____
Surgery Being Performed: _____

What time did your pet last eat/have treats prior to surgery drop off? _____

Current Medications (Name, strength, amount being given):

- 1) _____ Time last given: _____

- 2) _____ Time last given: _____
- 3) _____ Time last given: _____

- check here and List additional on back if needed

Do you want a Microchip placed today? **(INITIAL ONE)** _____ YES _____ NO

Other Services Requested: _____

Emergency Care (INITIAL ONE): In the event of a life threatening emergency with my pet I would like the following care initiated while the staff contacts me:

_____ **CPR** (emergency medication administration, oxygen therapy, chest compressions, etc.)

_____ **DNR** (DO NOT INITIATE CPR. Comfort my pet while allowing them to pass naturally.)

Biopsy: In the event that abnormal tissue is found during my pet's surgery I authorize removal of the abnormal tissue and histopathology (lab testing) **(INITIAL ONE)** . _____ **YES** _____ **NO**

Tooth Extractions: I authorize my pet's veterinarian to extract baby teeth, diseased/loose teeth or any tooth that may cause future problems/discomfort for my pet WITHOUT CONTACTING ME FIRST. **(INITIAL ONE)** _____ **YES** _____ **NO**

By signing below I authorize Animal Hospital of Melissa to perform the above listed anesthetic procedure on my pet. I have discussed this procedure and anesthesia with the veterinary team and I understand that while Animal Hospital of Melissa takes precautions to prevent anesthetic problems there is inherent risk with any anesthetic procedure. In the event of an anesthetic emergency the veterinary team will initiate the CPR measures I have authorized above. I will be contacted by the veterinary team to keep me updated on my pet's status once surgery has been completed and my pet is awake and recovered. I agree to pick up my pet within a timely manner once surgery is completed. If I am unable to pick up my pet prior to close, additional charges will be incurred. I also understand that any fleas found on my pet while in the hospital will be treated at my expense.

Client Signature: _____ **Date:** _____

Phone Number(s) where I can be reached: _____