



General Anesthesia / Treatment Consent Form

Owner' Name \_\_\_\_\_ Pet's Name \_\_\_\_\_ Date \_\_\_\_\_

I, the undersigned, certify that I am the owner/agent for the animal described above. I give Clayton Family Veterinary Care (CFVC) permission to treat, prescribe for, and or operate on my animal. I give permission for the following procedures.

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While there are risks to general anesthesia, CFVC will take precautions to minimize risk by performing the following.

- Physical examinations prior to anesthesia
- Multi-parameter monitoring. EKG, blood pressure, Pulse ox, and respiratory monitoring
- IV catheter with fluid therapy
- Pre and Post operative pain management
- Intubation and Oxygen therapy
- Injectable and/or Inhalant (Sevoflurane gas) anesthetics based on risk assessment by the doctor
- Bloodwork as appropriate

I authorize, CFVC to perform such diagnostic, therapeutic and surgical procedures as described above. The nature of the services has been described to me to my satisfaction. I understand there are risks in any anesthetic or surgical procedure and that no guarantee or warranty can be made regarding the results or cure. I authorize the hospital staff, in emergency situations, to follow through with such procedures as are necessary for the well being of my animal on a continuing basis until further communication with me. I have been given an estimate and understand this is an approximation of planned procedures and the final bill may be more or less than this amount. I understand that I assume financial responsibility for all services rendered.

Owner signature \_\_\_\_\_ Date \_\_\_\_\_

Phone number to be reached at TODAY \_\_\_\_\_