



320 S. Yonge Street, Ormond Beach, FL 32174 (386) 671-0747

**ANESTHETIC / GENERAL SURGICAL CONSENT FORM**

Owner's name: \_\_\_\_\_ Date: \_\_\_\_\_  
Patient's name: \_\_\_\_\_  
Procedure to be performed: \_\_\_\_\_  
My cat has not eaten since: \_\_\_\_\_

**There may be minor surgery, but there is no such thing as minor anesthesia!**

**We use Sevoflurane anesthetic gas exclusively** when anesthetic gas is necessary. Sevoflurane is a state-of-the-art anesthetic gas that is used in 95% of human hospitals, including neo-natal infants. Sevoflurane allows the doctor to better control the depth of anesthesia.

**PRE-ANESTHETIC EXAM AND BLOOD TESTING:** There is always a risk associated with anesthesia regardless of the procedure to be performed. Most, but not all of these risk factors can be determined by a complete physical examination and pre-anesthetic blood testing. We further reduce these risks by using only top quality anesthetic agents, continuous human and electronic monitoring and the use of IV fluids when appropriate.

**HEART DISEASE TESTING:** We offer an additional in-house test called a pro BNP that checks for moderate or severe heart disease that may be hiding, *even with no heart murmur*. If this test is positive we will contact you prior to performing anesthesia (which may be postponed).

**Please select one of the following options:**

Please perform the pro BNP \_\_\_\_\_ (\$30)      I decline the pro BNP \_\_\_\_\_

**Please circle your preference:      PILLS      LIQUID      INJECTION**

If PAIN MEDICATION or ANTIBIOTICS are necessary, do you prefer Pills or Liquid? Pills are usually less expensive but may be more difficult to administer. *Ask about "Pill Pockets"!*

**AUTHORIZATION:** By signing below, you are verifying that:

- I understand that there are **risks** associated with anesthesia and surgery, **up to and including death.**
- Results cannot be guaranteed. I am responsible for all fees incurred regardless of the outcome of the procedure
- Any fleas or parasites will be treated at my expense.
- I am the owner or agent for the owner of the above named cat, and I have the authority to execute this consent.
- I understand that **estimates are not quotes and prices may vary** based on the progress and condition of my cat.
- I hereby consent and authorize the above procedures.

Signature of Owner/Agent: \_\_\_\_\_ Date: \_\_\_\_\_  
Phone # for Today: \_\_\_\_\_ Phone # 2: \_\_\_\_\_

May we text you? Yes  No