



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.

**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