



## Peninsula Animal Hospital

1023 Austin Avenue  
Pacific Grove, CA 93950  
Phone: (831) 649-0415  
Fax: (831) 649-0329  
pahpets@icloud.com  
peninsulaanimalhospital.com

### Anesthesia / Surgery Consent

<b>Pet's Name:</b>	
<b>Breed:</b>	
<b>Color:</b>	
<b>Sex:</b>	
<b>Age:</b>	
<b>Weight:</b>	

As the owner (or authorized agent of the owner) of the animal described above, I hereby give my consent to perform the following procedures:

1. Exam
2. Labwork if not current or pet is over 7 years of age
3. For dogs: Heartworm test if not current or pet is not on preventives
4. Other: \_\_\_\_\_

Your pet will have an intravenous catheter placed for the procedures. The use of intravenous fluids during surgery facilitates adequate cardiovascular performance, reduces stress on the heart, assists in maintaining your pet's temperature, hydration and blood pressure, and reduces the time it takes for your pet to recover from anesthesia.

While undergoing these procedures your pet will receive anesthetic drugs that prevent pain. Because we care about your pet's comfort and strongly believe that pain relief is important, additional pain medications will be provided, as needed, to control the level of your pet's discomfort after surgery and during its recovery.

I am the owner (or authorized agent of the owner) of the animal described above, and have the authority to execute this consent.

I understand that some risk always exists with anesthesia, even in apparently healthy animals, including the possibility of death. I have discussed my concerns with the veterinarian and understand that it may be necessary to provide additional medical or surgical treatment to my pet in the event of unforeseen circumstances.

I realize that no guarantee, legal or ethical, can be made to me regarding the outcome of any procedure performed. I hereby authorize the use of anesthetics and other medications, as well as any such additional treatment, as deemed necessary by the veterinarian. I understand that hospital personnel will be employed in treating my pet.

I have carefully read, and fully understand, this consent. The fees associated with these services have been explained to me, and I agree to pay such fees at the time my pet is released from the hospital.

**Signature:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Date:** \_\_\_\_\_