



**Brykerwood Veterinary Clinic
SURGERY/ANESTHESIA CONSENT FORM**

OWNER'S NAME _____ PET'S NAME _____
 PHONE NUMBER (1st) _____ (2nd) _____
 PROCEDURE _____
 DATE _____ WEIGHT _____

Please take a few minutes to answer and update us on your pet's general condition and to inform us of any possible problems that we may encounter today.

1. My pet **did not** eat past 10 pm last night. Yes No
 2. Has your pet experienced any of the following in the last week?
 Vomiting diarrhea sneezing coughing Decreased appetite

Please explain if yes _____

3. Does your pet have any **past or present major illnesses or conditions**? Yes No
 Seizures Diabetes Heart Disease Kidney Disease
 Breathing problems Bleeding Disorders Other _____

4. Is your pet currently on any **medications**? Yes No
 Please list medications/**last dose given** _____

5. Has your pet had any previous anesthetic reactions? Yes No
 Please explain if yes _____

6. Has your pet had any previous vaccine reactions? Yes No
 Please explain _____

INHERENT RISK: There are inherent risks involved with any type of anesthetic, surgical or invasive procedure including, but not limited to, anesthetic complications, surgical wound infections, surgical procedural failure, and even the untimely or unanticipated death of a patient. The BVC staff are committed to achieving 100% success in every anesthetic or surgical procedure performed; however, no outcome can be guaranteed 100%.

Initial _____

PRE-OPERATIVE BLOODWORK: Every anesthetic procedure will include pre-operative blood work, peri-operative IV catheter, IV fluids and state of the art anesthetic monitoring to ensure the utmost safety of your pet during all surgical and dental procedures.

Initial _____

PAIN MEDICATIONS: We care about your pet's comfort. All patients undergoing surgery will be given pain medication. An additional charge will be applied according to your pet's weight.

Initial _____

LUMP REMOVAL: If a lump is suspected to be cancerous, it will be sent out for analysis. \$142.50 to \$193.00 per biopsy.

Initial _____

I would like my pet to receive a **MICROCHIP** for \$45.00: Yes No

I agree to pay the balance of the invoice associated with the above procedures, in full, when my pet is discharged. I realize that I may ask for a written estimate of final cost, prior to admittance.

Signature _____ Date _____