

**TOMBALL ANIMAL HOSPITAL  
ANESTHESIA/SEDATION RELEASE FORM**

**PATIENT** \_\_\_\_\_ **CLIENT** \_\_\_\_\_ **DATE** \_\_\_\_\_ **CLIENT NO** \_\_\_\_\_

Contact Phone Number(s) \_\_\_\_\_

***Anesthesia can be very serious for geriatric or debilitated patients. Please discuss all concerns and ongoing medical conditions and treatments in detail with the doctor before the procedure. Please read the entire form and initial or sign where indicated.***

**PATIENT HISTORY:**

Time of last meal: \_\_\_\_\_

Attitude normal	YES	NO	Appetite normal	YES	NO
Coughing	YES	NO	Sneezing	YES	NO
Vomiting	YES	NO	Diarrhea	YES	NO
Urination normal	YES	NO	Vaccines current	YES	NO
Heartworm prevention current	YES	NO	Heartworm test within past year	YES	NO

Medications: \_\_\_\_\_

Medical conditions: \_\_\_\_\_

\_\_\_\_\_ I understand that if my pet is not current on its Rabies vaccination, the vaccine will be given. Rabies is required by law in the state of Texas. For the health of my pet, it is recommended that all vaccines be current before undergoing anesthesia.

\_\_\_\_\_ I understand that if my pet has fleas, one dose of Capstar will be given.

**I consent and authorize the doctor(s) of Tomball Animal Hospital to perform the following procedure(s) on the patient indicated above, either under sedation or general anesthesia, as necessary:**

**PROCEDURE(S)** \_\_\_\_\_

**PRE ANESTHETIC EXAM:**

**A comprehensive physical examination will be performed on your pet prior to the induction of anesthesia.** The pre-anesthetic exam includes vital signs and a thorough exam from head to tail. In some instances, anesthesia may need to be postponed if certain physical abnormalities are discovered upon examination.

**PRE-ANESTHETIC LAB WORK:**

A CBC/Chemistry Panel will give us more insight to potential problems due to organ dysfunction, anemia and infection that are not evident on a physical exam. An ECG helps evaluate the condition of the heart.

\_\_\_\_\_ **In ALL geriatric or debilitated patients and non-elective procedures, these tests are REQUIRED before anesthesia.**

\_\_\_\_\_ **In seemingly healthy patients, these tests are recommended (though optional) to make sure your pet is able to withstand anesthesia.**

**CBC/Chemistry Panel:** ACCEPT \_\_\_\_\_ DECLINE \_\_\_\_\_      **ECG:** ACCEPT \_\_\_\_\_ DECLINE \_\_\_\_\_

**I.V. CATHETER/FLUIDS:**

IV fluids help regulate blood pressure and organ perfusion during an anesthetic procedure. Access to an IV catheter allows for induction of anesthesia using IV medications as well as an access to administer life-saving medications in case of an emergency. An IV catheter and fluids will be used for all procedures lasting longer than 30 minutes, for patients over 7 years of age, and for other patients as deemed necessary based on certain medical conditions at the discretion of the attending veterinarian.

**PAIN MEDICATION:**

Pets recover better and faster if they are pain free and are evaluated on a case by case basis for their needs. Pain medication will be given pre-operatively to every patient. Post-operative pain control is necessary for most procedures. Pain control may consist of nerve blocks, local anesthetics, injections, transdermal patch, and/or oral medications. Additional charges will apply depending upon the medications necessary.

**ANTIBIOTICS:**

Perioperative antibiotics are included with every surgical procedure. In patients with extractions, periodontal disease, orthopedic procedures, and certain soft tissue procedures, antibiotics will be dispensed (at an additional charge) for post-operative treatment.

**FOR DENTAL CLEANINGS:**

**Full mouth dental radiographs are required with your pet's initial dental prophylaxis.** This provides an evaluation of possible disease hiding below the gum-line. At subsequent dentals, full mouth or partial radiographs will be taken, depending upon your pet's oral health.

Examinations under anesthesia often reveal abnormally loose teeth that fall out or should be extracted to prevent oral discomfort and ongoing infection of surrounding bone. One (or more) of the following treatments may be necessary:

**Doxirobe treatment for deep gingival pockets, extraction(s), oronasal fistula repair, or oral mass removal**

     **DO perform the treatment(s) needed** at the discretion of the attending doctor. I agree to pay all related fees.

     **DO NOT perform the treatment(s)**, until I am contacted and provide **verbal approval**.

- If I cannot be reached while my pet is undergoing anesthesia and dental care,
  - I consent to the recommended treatment at the discretion of the attending doctor.
  - Do not perform the treatment(s). I understand future treatment requiring anesthesia will be necessary.

**CARDIPULMONARY RESUSCITATION (CPR):**

**There will be an additional charge if there are unforeseen complications that arise during or after the surgery that require life-saving efforts.** Should my pet require CPR, I request that the doctor(s) at the hospital pursue such medical care as indicated below.

     **I approve CPR for my pet**, including, endotracheal intubation, positive pressure respiration, administration of emergency drugs, and/or external cardiac massage, at a cost up to \$350.00 for the first 15 minutes. If I am unable to be reached during this time, and after exercising reasonable medical judgment, the doctor determines there is virtually no hope for medical success, they will cease further CPR procedures.

     **I elect NOT to have the staff pursue any CPR procedures for my pet** and, instead, request that the attending doctor assist my pet in dying in a peaceful manner. Standard euthanasia charges will apply (if becomes necessary).

**EXTRA SERVICES FOR MY PET WHILE THEY ARE SEDATED/ANESTHETIZED:**

- NAIL TRIM
- EAR CLEANING
- ANAL SAC EXPRESSION
- FECAL FLOTATION AND GIARDIA ANTIGEN TEST
- MICROCHIP
- ORAVET BARRIER SEALANT AND ORAVET PREVENTION HOME CARE
- FLUORIDE APPLICATION TO TEETH (\*\*Oravet Sealant and Fluoride are included with dentals.)

     **THERE WILL BE AN ADDITIONAL CHARGE FOR ANIMALS THAT ARE IN HEAT, PREGNANT OR EXCESSIVELY OVERWEIGHT AND ARE UNDERGOING A SPAY/NEUTER SURGERY.**

I hereby authorize the clinic to perform such procedures and treatments as described above. The nature of such services and risks have been described to me in detail, and I realize that no guarantee or warranty can ethically or professionally be made regarding the results or cure. I understand that I assume financial responsibility for all services rendered.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**TAH STAFF** Admitted by: \_\_\_\_\_