



**WOODSTOCK**  
Veterinary Hospital

Where we care & protect!

## Anesthesia Consent

### Client Information

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

### Patient Information

Name \_\_\_\_\_

Breed \_\_\_\_\_

Color \_\_\_\_\_ Age \_\_\_\_\_

Male ( ) Female ( )

Spayed/Neutered? ( )YES ( )NO

Date and time of last meal: \_\_\_\_\_

Procedure(s) to be performed: \_\_\_\_\_ by Dr. \_\_\_\_\_

As with any procedure requiring general and/or local anesthesia, there are certain risks that serious complications or even death may result. To minimize the risk of such occurrences, we mandate baseline bloodwork be performed in order to assure proper organ function, clotting ability, detect anemia or infection, baseline for future reference. The complete blood count (CBC) is a more sensitive indicator of disease than the physical exam. Additionally, white blood cells (WBCs) and platelets can change within hours due to acute infectious diseases. Abnormal glucose levels can increase anesthetic risk and differ markedly between fasted and non-fasted samples, breeds, age, and sick and healthy patients. Evaluating electrolytes, hematocrit and total protein in fasted patients is essential for monitoring during anesthesia, minimizing the risk of arrhythmia's and hypo-tension, and facilitating patient recovery.

As the owner of the above pet, I certify that I am over the age of 18; and I authorize the staff of this hospital to perform the procedure(s) listed above, as well as those deemed necessary to treat life-threatening emergencies. As with all anesthetic, treatment, and/or surgical procedures, I understand there are risks inherent in these services. I acknowledge that staff members at this practice have explained the procedures to me, answered questions to my satisfaction and cannot be held responsible for any unforeseeable results. Further, I understand that I am financially responsible for all costs incurred during this surgery, treatment, and hospitalization.

While I accept that all procedures will be performed to the best of the abilities of the staff at this facility, I understand that veterinary medicine is not an exact science and that no guarantees have been made regarding the outcome of this/these procedures. I have read and understand the nature of the above procedures and accept the specific terms and conditions set forth herein.

I, the undersigned owner or agent of the pet identified, is aware that the pet having the procedure done today is Heartworm Positive and have been counseled as to the risks involving the nature of this disease and anesthesia. *Client initials:* \_\_\_\_\_

**Should unexpected life-saving emergency care be required I would like the hospital staff to attempt the following life saving measures (initial one):** \_\_\_\_\_ **Perform CPR** \_\_\_\_\_ **DO NOT perform CPR** \_\_\_\_\_ **Estimate discussed: \$** \_\_\_\_\_ **Initials:** \_\_\_\_\_

I acknowledge that I am responsible for payment in full for the above procedures and treatments at the time my pet is discharged.

Owner/Agent Signature: \_\_\_\_\_

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

Phone number(s) where you can be reached \_\_\_\_\_

607 Mauldin Dr. Woodstock, GA 30102 / WoodstockVetHospital@gmail.com  
Hospital: 770-926-3722 Fax: 770-926-0102 Emergency After Hours: 678-238-0700