

# Ridglea West Animal Hospital

4404 Southwest Blvd. • Fort Worth, TX. 76116 • 817-763-0261

## ANESTHETIC AND/OR SURGICAL CONSENT FORM

Date:	Patient Name:	
Owner:	Species:	
Phone:	Breed:	Age:
Medications Taken:	Sex:	Color:

### Surgical Procedure(s) and/or Treatment(s)

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### Elective Procedures to Be Done At the Same Time:

<input type="checkbox"/> Clean and Polish Teeth	<input type="checkbox"/> Routine Toe Nail Trim
<input type="checkbox"/> Ear Cleaning	<input type="checkbox"/> Bath
<input type="checkbox"/> Brush Out / Clip Hair Mats	<input type="checkbox"/> Microchip
<input type="checkbox"/> Other	<input type="checkbox"/> Remove Warts/Skin Growth - Location:

We thank you for coming to our hospital, where we have your pet's health and comfort in mind. In that spirit, we offer pre-anesthetic, pre-treatment, and pre-surgical screening tests, customized to fit the needs of your pet. These allow us to obtain a better view of your pet's general health and help us take appropriate precautions before pursuing anesthetic and surgical procedures.

I authorize the recommended pre-treatment laboratory test(s) for my pet at an estimated cost of \$\_\_\_\_\_ (Call RWAH staff for an estimate)

I **DO NOT** desire, nor authorize any of the recommended pre-treatment test(s) for my pet.

\_\_\_\_\_ Initials of pet owner/agent/guardian

Our staff is also concerned about your pet during the recovery period. We have found that pets heal more quickly and with fewer complications when we administer drugs that alleviate much of the post-surgical or post-treatment pain and discomfort. These medications take the form of staff-administered injections, take-home oral medications, and/or time release skin patches.

I **DO NOT** desire, nor authorize the use or prescription of pain medications for my pet.

\_\_\_\_\_ Initials of pet owner/agent/guardian

I authorize use of laser surgery at a cost of \$\_\_\_\_\_ which decreases pain & bleeding.

\_\_\_\_\_ Initials of pet owner/agent/guardian

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 related to this care. 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, have not guaranteed any results, and cannot be held responsible for any unforeseeable results. I accept the conditions of treatment that this veterinary practice has explained to me and will provide for my pet.

\_\_\_\_\_  
Signature of Owner / Agent / Guardian

\_\_\_\_\_  
Date