



**BELACOOP**  
ANIMAL HOSPITAL  
of North Park

## Anesthesia / Surgical Consent Form

I the owner, or agent for the owner, hereby consent and authorize the following procedure(s):

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### **\*ADDITIONAL OPTIONS:**

- I authorize a nail trim to be performed under anesthesia, **NO additional charge**
- I authorize an ear cleaning or plucking under anesthesia, **for an additional charge**
- I authorize my pet's anal glands to be expressed, **for an additional charge**
- I authorize the implantation of a Home Again Microchip, **for an additional charge**

### **\*FOR PUPPIES:**

#### **\*INTACT FEMALES:**

- I authorize the extraction of retained puppy teeth if present
- Date of last heat cycle: \_\_\_\_\_  Date of last litter: \_\_\_\_\_

#### **\*FOR DENTAL PROPHYLAXIS (CLEANING):**

- I give permission for the doctor to perform extractions as needed
- Please call me to discuss extractions prior to extracting teeth. However, if we are unable to reach you, we will perform any necessary extractions.

#### **\*AT HOME CARE:**

- I would like my pet to go home with a sedative
- I would like my pet to go home with a Medical Pet Shirt
- I would like my pet to go home with an E-Collar OR ProCollar (circle one)

#### **\*PRE-OP BLOOD WORK**

We highly recommend that all patients admitted for surgery have a pre-op blood evaluation including a chemistry, complete blood cell count (CBC) and electrolyte panel to screen for pre-existing and internal problems that may not be evident physically but could possibly lead to complications. All patients over the age of 7 years are required to have the pre-op blood evaluation.

- Please complete the recommended blood work on my pet.
- I have elected to DECLINE the recommended blood work at this time and understand the risks associated with decision. I request that you proceed with the surgical procedure described above.
- Blood work has already been performed within the last 30 days.

\*Please note that we require an intravenous catheter and fluids for all patients undergoing a surgical procedure.

**I HAVE READ AND UNDERSTAND THE ABOVE AND GIVE MY AUTHORIZATION AND CONSENT:**

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

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

Best contact number for today: \_\_\_\_\_

## **SURGICAL INFORMATION AND RISKS**

### **PLEASE READ CAREFULLY**

#### **\*Anesthetic Procedures & Risks**

We use a combination of pre-anesthetic medications/injectable and/or inhalant anesthetics to achieve optimum levels of anesthesia that are safe for your pet. For most procedures, your pet is anesthetized and then intubated (insertion of a tube into the trachea or wind pipe). This will ensure that your pet is able to receive oxygen at all times and prevents aspiration of any fluids into the lungs. Anesthesia is maintained with a gas anesthetic, Isoflurane or Sevoflurane. However, with all anesthetic procedures come risks, including but not limited to cardiac arrest, decrease in blood pressure and/or heart rate, apnea, et cetera.

#### **\*Monitoring & Pain Management**

Monitoring of patients during anesthesia is done in two ways. First, a veterinary nurse is with your pet continuously from beginning of anesthesia to recovery. Second, we have a computerized monitor that records heart rate, blood pressure, oxygen levels, carbon dioxide level, respiration, ECG, core and rectal temperature. Our clinic strongly believes in compassionate, quality, medical care for our patients. As a result, all surgery patients will receive pain management before and after surgery. Additionally, pain medication may be prescribed for at home use. Additional instructions and information will be given at time of discharge.

#### **\*Intravenous Catheterization & Fluids**

All surgery patients will receive an IV catheter and IV fluids during anesthetic procedures, unless the doctor specifies otherwise. The IV catheter allows us to have quick, available access to the circulatory system (blood) in case of an unforeseen emergency. The IV fluids help provide support to the circulatory system and prevent dehydration, as well as aid in a quicker recovery from anesthesia.

#### **\*Potential Surgical Complications (including but not limited to the following):**

Canine and Feline Spay – bleeding, infection, urinary incontinence, weight gain, suture reactions and/or dehiscence

Canine and Feline Neuter - bleeding, infection, scrotal swelling and suture reaction and/or dehiscence

Feline Declaw – bleeding, infection, limping/lameness, swelling and/or re-growth of nail

Tumor/Lump Removal – bleeding, infection, swelling and drainage, suture reaction and/or dehiscence

It is important for you to understand that there is always a risk of anesthetic and surgical complications anytime these procedures are performed. We strive to take the highest quality care of your pet and take all the added precautions necessary to avoid potential problems. Thank you for entrusting your pet with us.

**I understand during the performance of the said procedure, unforeseen conditions may necessitate an extension of the procedure, or different procedure(s) than those set forth**

**above. Therefore, I consent to the performance of such procedures as are necessary in the exercise of the veterinarian's professional judgment. I authorize the use of appropriate anesthetics and other medications. I have been advised as to the nature of the procedure(s) and the risks involved. I realize that results cannot be guaranteed and understand that I am financially responsible for the procedure(s), and I agree to pay for the procedure(s) in full at time of discharge.**

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

## **CPR / DNR CONSENT FORM**

In the event of cardiopulmonary arrest, and {Name} requires cardiopulmonary resuscitation (CPR), including cardiac compressions, positive pressure respiration, emergency medications, and/or other heroic interventions, I request that the doctors of BelaCoop Animal Hospital either perform OR not perform the lifesaving procedures as indicated below.

**Accept CPR** \_\_\_\_\_

**Decline CPR** \_\_\_\_\_

(Please initial next to your decision and note that we will administer CPR treatment unless it is declined.)

I accept and understand that if the hospital staff is unable to reach me within 20 minutes of initial CPR procedures and determine that there is no hope for success, the staff has my permission to exercise reasonable medical judgment and cease further CPR procedures. In addition, I understand that despite the best efforts of the doctors and staff of BelaCoop Animal Hospital, even the most successful CPR that restores my pet's life may not allow for my pet to regain his/her normal mental and/or physical health.

By accepting emergency procedures, I agree to be held financially responsible for all veterinary services provided to my pet in the pursuit of treatment regardless of my pet's recovery or survival. I agree to pay CPR fees in addition to other fees already identified by the practice and agreed upon by me.

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Signature of Owner or Agent of Owner

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Date