



Mount Dora Veterinary Hospital

• 6877 Old Hwy 441 S • (352)-383-6700 • mountdoravet.com • moutdoravethosp@aol.com •

Sedation/Anesthesia Consent Form

Owner: <first-and-spouse> <last-name>

Date: <date>

Patient: <animal>

Client #: <number>

I am the owner, or the agent for the owner, of the animal described above and I have the authority to execute this consent.

I hereby authorize the veterinary staff of Mount Dora Veterinary Hospital to perform the following procedure(s):

- I acknowledge that MDVH staff has clearly explained the surgical procedure, treatment, or diagnostic procedure(s) as described above.
- I acknowledge that MDVH has explained to me that all procedures involving anesthesia involve risk. No guarantees have been made concerning the final success, outcome, or results of the surgical operation, treatment, or diagnostic procedure(s).
- I understand that unforeseen conditions may require an extension of a planned procedure or operation. I hereby authorize the performance of such procedures or operations as are necessary and advisable in the professional judgment of the veterinarian.
- Appropriate pain medications, blood work, IV and/or SQ fluids may be necessary and advisable in the professional judgment of the veterinarian. I understand this may be at an extra cost.
- I understand that if I am paying with a certificate (Stacks, CPS, Humane Society, etc) there are additional costs involved with the surgery that is not paid for by the certificate.
- If any flea/ticks are observed on my pet, I authorize treatment at my expense.
- I acknowledge that I have been given the opportunity to ask questions regarding the scheduled procedure(s) and the answers MDVH staff have provided are to my satisfaction.
- I hereby consent to the surgical operation, treatment, or diagnostic procedure and associated anesthesia service, understanding the risks therein.

Signature of Owner or Authorized Agent

Phone Number

Date

Signature of Hospital Witness

Date



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Blood Work

___ Pre-surgical Screen

- BUN, Creatinine, ALT, Glucose, Total Protein (*kidneys, liver, diabetes/sugar, hydration*)

___ Complete Pre-Surgical Screen

- Comprehensive Health Profile (*kidneys, liver, diabetes/sugar, hydration, protein, pancreas*)
- CBC (*anemia, infection, clotting*)
- Electrolytes (*dehydration, electrolyte imbalances, metabolic disease*)

___ Blood work completed prior to procedure date

CO2 Laser

If appropriate, I prefer my pet's procedure be done with the CO2 Laser at an additional cost.

CO2 benefits include: Less pain, bleeding, and swelling. The cost ranges from \$55-95, in addition to the surgical fee. **All**

declaws will be performed with the surgical laser. YES NO

Dental Procedures

Occasionally, extractions may be necessary. We may not be aware of this until the teeth have been cleaned and examined, under sedation. If you would like to be notified before any extractions are performed, we can attempt to reach you by phone. If any extractions are performed, additional pain medication may be recommended.

I would like to be notified before any extractions _____ **Phone #** _____

Please perform any necessary extractions _____

If you are unable to be reached via phone:

I request my pet to be awakened from anesthesia without any additional treatment (initials) _____

The veterinarian may proceed as he/she deems necessary (initials) _____

Additional Services

___ Microchip Placement- \$59.00

___ Ear Cleaning

___ Nail Trimming