



DATE: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Client Phone #- please be available at this number: \_\_\_\_\_ Alt. #: \_\_\_\_\_

## INFORMED CONSENT FOR SURGERY AND/OR DENTAL PROCEDURE

### 1. Informed Consent.

It is your veterinarian's obligation to provide you with the information you need in order to decide whether to consent to the surgery or special procedure that your veterinarian has recommended. The purpose of this form is to verify that you have received this information and have given your consent to the surgery or special procedure recommended to you for your pet. You should read this form carefully and ask questions of your veterinarian so that you understand the operation or procedure before you decide whether or not to give your consent. If you have questions, you are encouraged and expected to ask them before you sign this form.

### 2. Recommendation

Your veterinarian has recommended an operation or procedure for your pet. Upon your authorization and consent, this operation or procedure will be performed on your pet using the appropriate anesthesia by your veterinarian.

### 3. Standard Risks

All operations and procedures carry the risk of unsuccessful results, complications, injury or even death, from both known and unforeseen causes, and no warranty or guarantee is made as to result or cure. You have the right to be informed of:

- The nature of the operation or procedure, including other care, treatment or medications;
- Potential benefits, risks or side effects of the operation or procedure, including potential problems that might occur with the anesthesia to be used and during recuperation;
- The likelihood of achieving treatment goals (IE prognosis);
- Reasonable alternatives and the relevant risks, benefits and side effects related to such alternatives, including the possible results of not receiving care or treatment.

Except in cases of emergency, operations or procedures are not performed until you have had the opportunity to receive this information and have given your consent. You have the right to give or refuse consent to any proposed operation or procedure at any time prior to its performance.

### 5. Anesthesia/Surgical/Dental Risks

The following are general risks of anesthesia, surgery and dental procedures. You have been provided more detailed information sheets prior to the day of your procedure:

A.\_\_\_\_Risks of anesthesia include, but are not limited to: Allergic reaction, nausea, vomiting, diarrhea, regurgitation while under anesthesia (may cause irritation of the esophagus or sinus), irritation or damage to the trachea, worsening of cardiac disease, worsening of kidney or liver disease, and death.

C.\_\_\_\_Some medical conditions, such as heart disease, kidney disease, or liver disease, can increase your pet's risk under anesthesia. Additional diagnostics have been recommended to further understand the extent of this possible risk. If you have not discussed diagnostics, please ask your veterinarian prior to signing this form.

D.\_\_\_\_Risks of surgery include, but are not limited to: bleeding (may or may not require blood transfusion), dehiscence (opening) of surgical sites (including internal sites), infection, blood clot formation, and death.

E.\_\_\_\_Risks of dental procedures include, but are not limited to: bleeding from the mouth or nose, Dehiscence (opening) of tooth extraction sites, and jaw fracture.

E.\_\_\_\_In the case of extensive procedures (foreseen or unforeseen) or unforeseen complications from the procedure or anesthetic event, I understand that further treatments, diagnostics or transfer to a 24/7 care facility (PETS Urgent Care) may be recommended by my veterinarian. I also understand that these situations may incur further cost to me.

## 6. Dental Procedure Consent

\_\_\_\_I understand that for all dental procedures, the extent of dental disease cannot be fully assessed prior to a full charting of the teeth under anesthesia and appropriate dental x-rays. While a dental cleaning will be performed, extraction (removal) of teeth may also be required. I have been presented an estimate that reflects the expected amount of dental extractions. I understand that this may be an under- or over-estimation.

Please select one of the following:

- Regardless of my estimate, **I request a phone call** once the extent of my pet's dental disease is determined under anesthesia in order to discuss the recommended extractions.
- I authorize, **without a phone call**, the veterinarian to extract any teeth necessary **as long as it stays within my original estimate**
- I authorize, **without a phone call**, the veterinarian to extract any teeth necessary, **even if it exceeds my original estimate.**

Your signature on this form indicates that:

- You have read and understand the information provided in this form;
- Your doctor has adequately explained to you the operation or procedure and the anesthesia set forth above, along with the risks, benefits, and the other information described above in this form;
- You have had a chance to ask your doctors questions;
- You have received all of the information you desire concerning the operation or procedure and the anesthesia; and
- You authorize and consent to the performance of the operation or procedure and the anesthesia.

Date: \_\_\_\_\_ Time: \_\_\_\_\_  AM  PM

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

**YOUR BEST FRIEND'S BEST FRIEND!**