

# Morena Pet Hospital

1540 Morena Blvd. San Diego, CA 92110 (619) 275-0888

## Anesthesia Consent Form

Please read the following consent statements so that you fully understand what you are authorizing us to do.

Owner's Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Your pet is scheduled for a procedure that requires anesthesia. To minimize risks, we will perform a blood profile on all pets prior to anesthesia. Most anesthetic drugs are removed from the body by the liver and kidneys; therefore it is important that these organs are healthy. Our hospital laboratory is fully equipped to perform these blood tests and have the results available before anesthesia. In most cases we will schedule bloodwork prior to your pet's surgery appointment.

With any pet undergoing anesthesia we will administer intravenous fluid administration. IV fluids help to maintain blood pressure, blood flow, and replace lost fluids. Upon completion of the procedure, intravenous fluid therapy speeds the recovery process by diluting the anesthetic agents circulating in the bloodstream, and enhances metabolism and elimination through the liver and kidneys. Patients that receive IV fluid therapy generally wake up faster than those that do not.

*I consent to admit my pet to Morena Pet Hospital and authorize the doctors and staff to perform procedures that are considered necessary by the attending doctor. The nature of the procedure has been explained to me and I understand why it is recommended and/or necessary. Please Initial \_\_\_\_\_*

*I consent to have my pet undergo anesthesia and I am aware that there are risks involved and inherent dangers present in all procedures that require a general or intravenous anesthetic. This includes, but is not limited to: post-surgical infection, pain, and/or anesthetic reactions. I understand the advantages and possible complications of the procedure and acknowledge that no guarantees or advances have been made as to the results that may be obtained. Please Initial \_\_\_\_\_*

**Please be advised that if, after examining your pet the doctor feels that additional diagnostics and/or supportive measures are necessary in order to achieve a good outcome with surgery, and you are unable or unwilling to authorize these services, you may be asked to pick up your pet without surgery being performed. There will be a charge for the physical exam if this is necessary.**

**I hereby certify that I have read and fully understood the proceeding consent form. I agree to financial responsibility and understand that ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.**

Please indicate below your preference regarding the treatment options and costs for non-emergent recommendations if we are unable to reach you. **(check one)**:

\_\_\_\_\_ Please perform any necessary diagnostics and treatments indicated for the care of my pet, up to

\$ \_\_\_\_\_ (enter dollar amount authorized)

\_\_\_\_\_ Do not administer any treatments until specific authorization is given.

## **Consent for CPR or DNR: Please Read Carefully**

**In the event of Cardiac Arrest; please select one:**

\_\_\_\_\_ I wish the staff to perform CPR (resuscitation) on my pet if my pet suffers from cardiac or respiratory arrest. My pet may not respond to CPR or may respond initially and then suffer another arrest later. My pet may die despite CPR. The estimate for assessment and CPR may be between \$500 to \$700.

\_\_\_\_\_ **I DO NOT** want CPR performed on my pet. I understand that if my pet stops breathing and/or his/her heart stops beating that my pet will die unless CPR is performed. I elect to have DNR (do not resuscitate) orders placed on my pets record.

Animals that have survived cardiopulmonary arrest and have been successfully resuscitated (CPR) are extremely critical and unstable. The likelihood of re-arrest is high and can occur within 4 hours of the initial arrest. Survival rates are much higher for animals that arrest under anesthesia (70-80%). The success rate is much lower and prognosis is grave for pets that arrest due to a severe illness. The likelihood of being discharged with long term survival is as low as 1%. Management of the post-arrest patient requires vigilant monitoring and the technical expertise of dedicated critical care personnel. This care is costly and the outcome is uncertain. **Please initial that you have read the above and consent:** \_\_\_\_\_

Discharges are typically between 4-6pm, in some cases we may schedule a pick up time earlier than 4pm.

**Please list a phone number where you can be reached today:** \_\_\_\_\_

In the event that we are unable to reach you, please list an alternate contact person and phone number who will be able to authorize treatment recommendations: \_\_\_\_\_

***Signature of owner or authorized agent:***

**X** \_\_\_\_\_

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