

Chesapeake Veterinary Hospital

Anesthesia/Surgery Consent Form

Date: _____ Owners Name: _____ Pets Name: _____

Home Phone#: _____ Cell Phone# _____ Work Phone#: _____

I hereby certify that I am the owner of the above-named animal, or am responsible for it and have the authority of the Owner to execute this consent. I hereby authorize the performance of the following procedure(s): _____

Patient's Medications, including non-prescription drugs/supplements:

- Medication #1 _____
- Dosing amount and frequency _____
- Time last taken _____
- Medication #2 _____
- Dosing amount and frequency _____
- Time last taken _____

Patient's Diet Information:

- Food Brands(s) _____ Amount Fed _____
- Frequency of feeding _____ Time of last meal _____
- I would be interested in permanently identifying my pet with a Microchip. Yes No ?

Pre-anesthetic Blood Testing is recommended for all patients. I authorize testing to be done as follows:

Small Chemistry (for animals less than 7 years old) Yes or No

Large Chemistry/CBC (for dogs 7 years old and older) Yes or No

Large Chemistry/CBC/T4 (for cats 7 years old and older) Yes or No

Blood Testing has been done within the last 4 weeks, I am not repeating today. Yes or No

CVH Recommended Anesthetic Protocol for all Patients is to place and IV Catheter and administer Propofol. It is the safest protocol for inducing a sleep-like state (especially for our pets 7 years of age and older), and allowing the placement of a breathing tube to administer gas anesthesia. Gas Anesthesia is used to keep the patient asleep during the procedure(s). You may choose to have us use this anesthetic protocol on your pet, or you may choose to have us use the routine induction protocol that is include in the estimate for your surgery.

I would like my pet to have an IV Catheter/Propofol. Yes or No

I understand that an estimate of the fees for the above procedure can be provided to me and that I am encouraged to discuss all fees related to such care before services are rendered. I agree to assume financial responsibility for services rendered, and agree to provide payment on a cash, credit card or check basis at the time my pet is discharged.

Phone number(s) where I can be reached today _____

Signature of owner or Authorized Agent _____ Date _____