



Riverside

Veterinary Hospital

99 Success Court
Rocky Mount, NC 27804
252-442-3636

All Ages

Surgical and Anesthesia Consent

Please read carefully and sign

I authorize Riverside Veterinary Hospital to perform upon _____ the following surgical procedure: _____.
I assume full financial responsibility for this pet. I understand there is always a potential risk with anesthesia and surgery. Riverside Veterinary Hospital is to use all reasonable precautions against injury, escape, or death of my pet. I understand that no guarantee or assurance has been made as to the results obtained.

Is your pet on any medication? ___ YES ___ NO What medication? _____ When was last dose given? _____
Is your pet on heartworm prevention? ___ YES ___ NO
Did your pet eat anything this morning? ___ YES ___ NO
Has your pet had any illness in the past 10 days? ___ YES ___ NO If so, please explain: _____

OTHER PROCEDURES TO BE DONE WHILE UNDER ANESTHESIA:

(Initial those you approve)

- _____ Microchip – Pet ID in case your pet is lost or stolen
- _____ Ear cleaning
- _____ Extract retained puppy teeth
- _____ Small papillomas/nodules removed

PREANESTHETIC TESTING: Your pet is with us today for a procedure that will require anesthesia. We will perform a full physical examination on your pet before administering the anesthesia. We also strongly recommend performing a well-pet pre-operative blood profile to check basic organ functions. This is performed to establish base line values for your pet and to assess your pet for risks associated with anesthesia and surgery that may not be evident physically but could possibly lead to complications. The results of the bloodwork will help us to choose the safest route of anesthesia for your pet.

_____ (Initial) YES, I would like my pet to have the preanesthetic bloodwork. I understand that there is an additional fee to do this. \$ _____
_____ (Initial) NO, I understand and accept the risks associated with declining these tests.

Some animals, because of their age and/or medical condition require a more extensive workup prior to surgery. If this is the case, the doctor will discuss this with you.

CPR: If your pet should experience cardiac or respiratory arrest while being hospitalized, do you give consent for resuscitation until you can be contacted?

_____ (Initial) YES, I agree to CPR being performed in case of arrest. I understand that certain fees will apply.
_____ (Initial) NO, I elect a **Do NOT Resuscitate** in case of arrest.

FLUID THERAPY: An IV catheter will be placed in your pet’s leg to administer medication and to have venous access during the procedure. We give IV fluids during the procedure to maintain good blood pressure and support renal function while your pet is under anesthesia.

PAIN MANAGEMENT: We will administer injectable preoperative pain medication for your pet, which in addition to providing pain relief also helps with a smoother recovery after anesthesia. In most cases we will also send home oral pain medication. There will be an additional charge if oral medicine is prescribed.

Signature of owner or responsible agent: _____ Date: ___/___/___

You can reach me today at phone #: _____ Alternate #: _____

Email address: _____

**It is very important to leave a way to reach you while your pet is here!
Please provide us with the best way to contact you.**