

# Finn Hill Animal Hospital Anesthesia Form

Owner's name: \_\_\_\_\_ Pets name: \_\_\_\_\_

I am the owner\agent of the animal described above. I give Finn Hill Animal Hospital permission to perform anesthesia and the following procedures:

\_\_\_\_\_ **DENTAL** \_\_\_\_\_ While there are risks associated with general anesthesia, be assured that Finn Hill Animal Hospital will take every precaution to minimize risk by always performing the following:

- \* Physical exam prior to anesthesia.
- \* Multi-parameter monitoring (blood pressure, EKG, CO2, Heart/respiration /temp.)
- \* Intravenous (IV) catheter and fluid therapy.
- \* Preoperative and postoperative pain control injections.
- \* Endotracheal intubation and Oxygen therapy.
- \* Injectable and inhalant (Isoflurane gas) anesthetics based on pet's age and specific medical needs.

I understand the following additional procedures are optional, but highly recommended: (put a circle on your choice)

- |  |     |
|--|-----|
| * Preoperative blood work \$145                            | Y N |
| * Microchip \$57   | Y N |
| * Simparica Trio (dogs) or Revolution (cats)               | Y N |
| * Fecal exam \$55  | Y N |
| * Heartworm test for dogs \$90                             | Y N |
| FeLV/FIV test for cats \$105                               | Y N |
| * Dental X-Rays \$145                                      | Y N |
| * Will you be needing a cone or surgical suit if necessary | Y N |

It is important that we have a phone number where you can be reached if consultation is necessary while your pet is under anesthesia: Phone number: \_\_\_\_\_

If you can't be reached, do you want the veterinarian to proceed at his / her own discretion? Y N.  
Does your pet have any history of SEIZURES? Y N.

I hereby authorize Finn Hill Animal Hospital to perform such diagnostic, therapeutic and surgical procedures as described above. The nature of such services has been described to me to my satisfaction. I realize that there are risks involved with any anesthetic or surgical procedure and that no guarantee or warranty can be made regarding the results or cure. I also authorize the hospital staff, in an emergency situation, to follow through with such procedures as are necessary for the wellbeing of my pet on a continuing basis until further communication with me. I have been given an estimate if needed and understand that it is an approximation of planned procedures and the final bill may be more or less than this amount. I understand that I assume financial responsibility for all services rendered.

Owner's signature \_\_\_\_\_ Date: \_\_\_\_\_