



ANESTHESIA CONSENT FORM

OWNER: _____ PATIENT: _____ DATE: _____

PROCEDURE: _____

Pre-Anesthetic Blood Profiles (looking for organ/blood abnormalities):

In an attempt to minimize risks associated with anesthesia, we advise that the following pre-anesthetic tests be performed, even for elective procedures. This bloodwork provides a thorough evaluation of liver & kidney function, evaluating for electrolyte abnormalities, evaluating all blood cell counts, and evaluating clotting factors to ensure your pet is able to clot its blood normally. These tests are recommended for all patients but required for patients over 5 years of age.

ACCEPT _____ DECLINE _____ ALREADY PERFORMED ON: _____

Chest Radiographs (evaluating Heart and Lungs):

If your pet is over 7 years of age, we suggest chest x-rays to evaluate the heart and to rule out hidden lung problems.

ACCEPT _____ DECLINE _____ ALREADY PERFORMED ON: _____

IV Fluids (to support blood pressure and circulation):

Our greatest concern is the well-being of your pet. An intravenous catheter will be placed for the safety of your pet. Intravenous fluids can be administered during anesthesia help to maintain blood pressure and allow administration of drugs should an emergency situation develop. These are required for all patients over 5 years of age.

ACCEPT _____ DECLINE _____

Microchip Placement:

Collars break and tags become hard to read. Because a microchip will not "wear out", it can be used to permanently identify your pet and link them back to you if lost or stolen. This is not a tracking device, just a permanent source of identification. The microchip must be registered, we will have you fill out a form and send in the registration for you.

ACCEPT _____ DECLINE _____ ALREADY IMPLANTED: _____

Consent/Authorization:

- I understand that all reasonable care and precautions will be taken in performance of the procedures. I understand that with any anesthetic procedure, there are risks involved, including death, and I accept responsibility for those risks.
- I understand the procedures to be performed and the risks involved. I also understand the doctors and staff may initiate life saving procedures in the event of an emergency.
- I further understand that no guarantee of successful treatment is made. I certify that I have read and understand this release, and furthermore that I assume full financial responsibility for all charges related to the above procedures.

Signed Owner/Agent

Best Contact Number

Metro Paws Animal Hospitals

1910 Skillman Street, Dallas, Texas 75206 ♦ 214-887-1400 ♦ Fax: 214-887-6340 ♦ Email: DallasMetroPaws@gmail.com
1021 Fort Worth Avenue, Dallas, Texas 75208 ♦ 214-939-1600 ♦ Fax: 214-939-9240 ♦ Email: OCMetroPaws@gmail.com
7446 East Grand Avenue, Dallas, TX 75214 ♦ 214-324-1500 ♦ Email: DallasMetroPaws@gmail.com
www.DallasMetroPaws.com