

# Dunwoody Animal Medical Center

2482 Jett Ferry Rd, Ste 600 • Dunwoody, GA 30338 • (770)698-9227

## Surgical/Anesthetic Consent Form

Client's Name: \_\_\_\_\_

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

Procedure/Treatment: \_\_\_\_\_

***\*\* Please complete & initial the fields above & below and select any additional services you'd like performed at the time of surgery\*\****

- **PRE-ANESTHETIC LAB WORK:** Your pet will be undergoing major surgery under general anesthesia today. In order to recognize any underlying abnormalities your pet may have, which may put them at a greater anesthetic risk, we recommend a pre-anesthetic blood profile to be run on your pet. This consists of a CBC, which will check blood cells, and a small chemistry panel, which will check blood glucose, protein, and kidney/liver function. These blood tests will help us to assess the health status of your pet more completely and determine if there are any additional precautions we need to take before surgery.  
☐ **Yes, run lab work (\$178) (Required for animals over 6 years old)**
- **POST-SURGICAL LASER TREATMENT:** The therapeutic laser can be used around the incision site to help relieve pain, reduce inflammation and scar tissue, and accelerate tissue healing. (Not for growth removals, around eyes or staples)  
☐ **Yes, do a laser treatment on my pet (\$18)**
- **E-COLLAR "CONE" OR SURGICAL SUIT:** Help prevent any chewing or licking at surgical site. (If during recovery, the patient starts licking at the site, an e-collar or suit will be automatically placed on pet.)  
☐ **Yes, send my pet home with an e-collar (\$13-\$25)**  
☐ **Yes, send my pet home with a surgical suit (\$35)**
- **MICROCHIP:** While under anesthesia, we can safely insert a microchip under your pet's skin, between their shoulder blades, which offers permanent identification in the event that he/she is lost or stolen.  
☐ **Yes, insert a microchip (\$71)**
- **OTHER** (toe nail trim, express anal glands, etc.): \_\_\_\_\_

**Please list any medicines (over the counter or prescribed) your pet has received within the last two weeks:**

\_\_\_\_\_

**Phone number(s) where you may be reached during the day (please list all):**

\_\_\_\_\_

I understand that some risks always exist with anesthesia and/or surgery and that complications and even death are possible. I understand that I am encouraged to discuss any concerns I have about these risks with the attending doctor before the procedure(s) is/are initiated. I also understand that the veterinarian will perform a pre-anesthetic physical exam and that the staff will be monitoring my pet at all times while under anesthesia in order to minimize anesthetic risk. I realize that no guarantee can be made legally or ethically to me regarding the outcome of any procedure performed. I am the owner or responsible party of the above described animal and have the authority to execute this consent and authorization. I have carefully read and do fully understand this authorization and consent.

**Signature:** \_\_\_\_\_

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