

Your Family Veterinarian, Inc
19448 East Colonial Drive, Orlando, Fl 32820
(407) 568-9663 phone (407) 650-3086 fax



Surgery/Sedation/Anesthesia Consent Form

Date: _____ Patient Name: _____ ☐ Dog ☐ Cat ☐ Other _____

Client Name _____ Phone: (____) _____ - _____ ☐ Address on File

Address _____ City _____ State _____ Zip _____

Procedure(s): _____

I, the undersigned, do hereby certify that I am the owner or the duly authorized agent for the owner of the animal described above, and that I do hereby give Dr. Garcia and his representatives full and complete authority to perform the procedure(s) listed above. I also authorize the said Doctor and his representatives permission to perform any procedure at his discretion that is life saving or is critical to the pets health.

I, the undersigned, do hereby certify that I have been informed and understand the risks associated with the use of anesthesia/sedation.

☐ **GAS ANESTHESIA:** I have been informed of my option to use Isoflurane or Sevoflurane during the procedure listed above. While Isoflurane is extremely safe, Sevoflurane is newer and safer and gives us the option of a quicker post-surgical recovery.

Please indicate the option chosen ☐ **ISOFLURANE** ☐ **SEVOFLURANE** (additional fee, see estimate)

☐ **SHORT DURATION INJECTABLE ANESTHESIA:** I have been informed that short duration injectable anesthesia will anesthetize my pet for a finite period of time, usually 30 minutes or less. I am aware that this may not be enough time to complete the procedure listed above.

PRE-ANESTHETIC DIAGNOSTICS: (check all testing that owner has agreed to perform)

☐ **BLOODWORK** ☐ **URINALYSIS** ☐ **ECG** ☐ **NONE**

Some apparently healthy pets have problems (heart, liver, kidneys) which are not evident on routine examinations – yet could produce complications during anesthesia and surgery. Though these problems are more common in older pets, young pets are at risk as well due to their genetics. These risks can be greatly reduced by performing pre-anesthetic testing. These diagnostics have been explained to me and I have exercised my option to accept or decline the individual tests.

I, the undersigned, forever release the said doctor and his representatives from any and all liability arising from said procedure on said animal.

Signature of Owner/Duly Authorized Agent for Owner

Date

Signature of Staff Representative

ANCILLARY SERVICES AVAILABLE WHILE YOUR PET IS HAVING THE PROCEDURE PERFORMED

☐ **Nail Trim** (no charge, unless is for grooming or if the procedure is a nail cut down)

☐ **Microchip Placement** (\$45)