



5425 Verna Blvd Jacksonville FL 32205
904-337-0076
Petshotsjax.west@gmail.com

335 11th Ave N Jacksonville Beach FL 32250
904-694-0541
petshotsjax.beach@gmail.com

Mycommunitypetclinic.com

Veterinary Anesthesia Consent Form

Client Information:

Name: _____ Client ID: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ Email: _____

Pet Information:

Name: _____ Species: _____
Breed: _____ Age: _____ Sex: _____
Color/Markings: _____

Anesthetic Procedure Information:

Date of Procedure: _____ Scheduled Time: _____

Type of Anesthetic Procedure: _____

Estimated Cost of Procedure: \$ _____

When did your pet last eat? Date: _____ Time: _____ ☐ AM ☐ PM

What medications is your pet taking? Please include:

Drug Name & Strength	Dose	Frequency	Last Given	Need Refill?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I am the owner or agent for the animal described above and I have the authority to execute this consent. _____ (initials)

This healthcare plan was prepared based on our assessment of your pet's needs. Because the needs of your pet can change quickly, this plan is only valid for ____ days. _____ (initials)

All patients requiring general anesthesia will receive, at a minimum:

IV catheterization, IV fluid therapy, injectable and/or inhalant anesthesia, endotracheal intubation, electronic monitoring, and body heat maintenance support. **All patients requiring surgery are required to wear an Elizabethan collar**, or other necessary device to prevent injury to the surgical or procedural site. _____ Initials

All patients requiring general anesthesia are recommended to have the following, which [are/are not] included in estimated cost above:

Preoperative Blood Work: Accept: _____ (initials); Decline: _____ (initials)

Clotting Profiles: Accept: _____ (initials); Decline: _____ (initials)

Other: _____ Accept: _____ (initials); Decline: _____ (initials)

All pets, 5 years of age or older, MUST have preoperative bloodwork performed prior to their procedure. Bloodwork must be within 30 days of scheduled procedure date.

Veterinarians may require bloodwork from companions who are less than 5 years old if they deem it medically necessary for the safety of your pet. _____ Initials

Complications of this procedure include, but are not limited to: Hypotension, hypothermia, hypoxia, cardiac arrhythmias, compromise to the airway, bleeding, incision failure, infection at the surgical site, adverse drug reactions, bruising, IV catheter failure, leakage at the IV catheter site, aspiration pneumonia

Other Listed: _____

_____. _____ (initials)

The nature of the procedure has been explained to me, and I understand what will be done. I have asked and had answered any questions I have related to the procedure, the safety of the procedure or that of any potential complications. I have been informed that there are certain risks and complications associated with any anesthetic event. I have been informed that there will be ancillary care associated with the procedure that may not be specifically listed above, and which also carry certain risks. I accept all of these risks. I further understand that during the course of the procedure, unforeseen conditions may arise that may necessitate the

performance of additional procedures. I understand that there may be additional costs incurred due to complications or unforeseen conditions and I accept complete financial responsibility for these, both at **Jacksonville Community Pet Clinic** or at a third party veterinary facility of my choosing. I understand that there is no guarantee of successful treatment, outcome or cure. I authorize the use of appropriate anesthesia and pain relief medication as needed before or after the procedure. I have been informed that there are risks associated with the use of any medication. I understand that hospital support personnel will be used as deemed necessary by the veterinarian and that more than one veterinarian may make decisions or perform procedures on my pet during the hospital stay. I understand that **Jacksonville Community Pet Clinic** does not have 24 hour staffing and if it is necessary for <animal> to remain hospitalized beyond normal business hours, that some or all of the after hours period will be unsupervised. I understand that, should <animal> require 24-hour care, it is the recommendation of **Jacksonville Community Pet Clinic** to transport my pet, once stabilized, to a nearby 24-hour care facility. _____ (initials)

I do hereby consent and grant the veterinarians of **Jacksonville Community Pet Clinic** and all of their employees, agents, servants, and/or representatives (collectively, the "Hospital") full and complete authority to perform the anesthesia, procedures and treatments described above and to provide any ancillary care, and to perform any other procedure or treatment that, at the veterinarian's discretion, may be deemed medically necessary for <animal> . I do hereby forever release and discharge the Hospital from any and all liability arising from such procedures and treatments. I have read and understand this estimate. I agree to pay, in full, for services rendered at the time of service (including those deemed necessary for medical/surgical complications or unforeseen circumstances).

I understand that care may be required following the discharge of <animal>. I agree to follow and perform all instructions given to me for this care, as outlined in the discharge instructions which will be provided by **Jacksonville Community Pet Clinic**. I understand that it is my responsibility to contact the veterinarian if I have any questions or concerns regarding my pet's recovery.

I give **Jacksonville Community Pet Clinic** permission to perform a **non-diagnostic ultrasound** on my pet while under anesthesia for educational purposes. I understand that this is at no cost to me. I understand that this service is optional. _____ (initials)

Client Signature: _____

Date: <date>

Employee Signature: _____

Date: <date>