



ROSS BRIDGE ANIMAL HOSPITAL

HOOVER • ALABAMA

2001 Greenside Way
Hoover, Alabama 35226
205-208-0301 - rossbridgeanimalhospital@gmail.com

Client Information:

First Name: _____
Last Name: _____
Phone Number: _____

Patient Information:

Pet's Name: _____
Pet's Age: _____
Canine [☐] Feline [☐]

Anesthesia/Sedation Consent Form

Date and time of last meal: _____

List of current medications: _____

Procedure(s) to be performed: _____

Veterinarian: _____

As with any procedure requiring general and/or local anesthesia, there are certain risks that serious complications or even death may result. To minimize the risk of such occurrences, we **recommend** baseline bloodwork be performed in order to assure proper organ function, clotting ability, detect anemia or infection, obtain baseline for future reference. The complete blood count (CBC) is a more sensitive indicator of disease than the physical exam. Additionally, white blood cells (WBCs) and platelets can change within hours due to acute infectious diseases. Abnormal glucose levels can increase anesthetic risk and differ markedly between fasted and non-fasted samples, breeds, age, and sick and healthy patients. Evaluating electrolytes, hematocrit and total protein in fasted patients is essential for monitoring during anesthesia, minimizing the risk of arrhythmias and hypotension, and facilitating patient recovery. **The cost for this bloodwork is \$109.18.** This may, or may not have been included in the price quote for your pet's procedure. If you have any questions regarding the cost, please discuss this with one of our front office staff members PRIOR to the procedure being performed.

Please initial the appropriate line for your decision on the recommended bloodwork outlined above:

YES _____ NO _____

As the owner of the above pet, I certify that I am over the age of 18; and I authorize the staff of this hospital to perform the procedure(s) listed above, as well as those deemed necessary to treat life-threatening emergencies. As with all anesthetic, treatment, and/or surgical procedures, I understand there are risks inherent in these services. I acknowledge that staff members at this practice have explained the procedures to me, answered questions to my satisfaction and cannot be held responsible for any unforeseeable results. Further, I understand that I am financially responsible for all costs incurred during this surgery, treatment, and hospitalization.

While I accept that all procedures will be performed to the best of the abilities of the staff at this facility, I understand that veterinary medicine is not an exact science and that no guarantees have been made regarding the outcome of this/these procedures. I have read and understand the nature of the above procedures and accept the specific terms and conditions set forth herein.

We offer HomeAgain microchips here at Ross Bridge Animal Hospital and we recommend that all of our patients have one. The cost of this service is \$60.23. If you would like for us to perform this service today while your pet is here with us, please initial the appropriate line. Yes _____ No _____ Already Chipped _____

Should unexpected life-saving emergency care be required I would like the hospital staff to attempt the following life saving measures (initial one):

___ Closed Chest Resuscitation including drugs, CPR, and assisted breathing

___ Open Chest Resuscitation including drugs, CPR, manual cardiac massage, and assisted breathing

___ Do not attempt resuscitation

I acknowledge that I am responsible for payment in full for the above procedures and treatments at the time my pet is discharged.

Owner Signature: _____ Date: _____