

Anesthetic Procedure Agreement



Best Friends Animal Clinic
 1313 N Harrison Ave
 Shawnee, OK 74801
 405-273-5617
 bfacstaff@gmail.com

Check in date

Owner
Phone

Pet's Name	
Breed	
Color	Gender
Weight	Age

This patient is presented to Best Friends Animal Clinic for veterinary services. These services will be provided by the doctor(s) and staff of Best Friends Animal Clinic. There is no implied guarantee that any veterinary care prescribed or instituted for your pet will be successful. Additionally, unforeseen life-threatening complications or possible death could occur with any patient before, during, or after the performance of services.

The list of services below may not be all inclusive, and other services not listed may be required during the care for this patient.

If your pet has a flea infestation there will be a \$20 charge for a Capstar administration.

SPAY OSS NEUTER VASECTOMY OTHER ANESTHETIC PROCEDURE: _____

DENTAL: I understand that extractions or other treatments may be required and accept the additional costs: _____

Labs: Laboratory and ancillary testing provides diagnostic and/or pre-anesthetic information to better evaluate patients for veterinary services. Test results may indicate a need for specific treatments and/or indicate circumstances which may require additional precautions for patients. In some cases, laboratory results may require postponing treatments or procedures, or choosing to decline performing treatments or procedures. Tests performed more than 60 days prior to today may need to be repeated. Best Friends Animal Clinic requires presurgical bloodwork before any sedated procedure for all patients over 5 years of age.

Anesthesia: Advances in anesthetics have made general anesthesia safer, but anesthetic complications may occur because of pre-existing or developing conditions, or other causes that are not in evidence of the physical examination, laboratory results, or other ancillary evaluations. Every effort will be utilized to provide appropriate precautions if anesthesia is required. Patients undergoing anesthesia may have an intravenous catheter placed to allow for administration of fluids and medications. It may be necessary to shave or clip hair from the IV catheter site and/or from other areas of your pet. Patients that are aggressive may require anesthesia prior to pre-anesthetic evaluations and laboratory tests. Older patients may be at higher risk than younger patients. Risks of anesthesia include but not limited to loss of life.

Please initial: I ACCEPT LAB TESTING _____. I DECLINE LAB TESTING _____.

Please initial: I ACCEPT THE ANESTHETIC RISKS _____.

Please give my pet an intravenous catheter if necessary: _____ Decline intravenous catheter: _____

Pain Control: It is a priority of the doctor and staff of Best Friends Animal Clinic; that this hospital abides by ethical standards of care for every patient. These standards include keeping this patient comfortable and free of pain or discomfort while under our care. The doctor will provide pain relief to every patient where necessary at the owner's expense. I understand this policy and agree that the doctor and staff will use their professional judgment to keep my pet comfortable and administer appropriate medications, as deemed necessary. Certain take home pain medications require a copy of owner's valid ID and can not be sent with anyone but the owner.

Payment: I understand that a deposit may be required at admission. I understand that all fees are payable at this patient's release unless other arrangements have been made prior to services being rendered.

Discussion of Procedure: I affirm and agree that the doctor or staff have explained my pets care to me in a satisfactory manner. My signature below confirms that I understand and agree to my pet's care.

Consent: I hereby consent and authorize the doctor and staff of Best Friends Animal Clinic to care for my pet so described above, and to prescribe medications, diagnose, treat, provide anesthesia, perform surgery, or utilize any other medical service or other services or modalities on my pet while admitted to Best Friends Animal Clinic .

I further authorize my pet to be transported to any facility related to or not related to Best Friends Animal Clinic for ancillary services, intensive care, or treatment modalities that are deemed appropriate by the doctor and staff. My signature below is my seal, and it signifies that I accept and understand that I am responsible for all fees assessed for my pet's care at Best Friends Animal Clinic and I will immediately pay the balance of all fees at my pet's dismissal from Best Friends Animal Clinic . I further understand that future care for this or other needs will be charged for separately. I have read the foregoing and agree.

Has your pet eaten in the past 8 hours Yes No

Has your pet had medication in the past 4 hours Yes No .

Has your pet ever bitten anyone Yes No

I would like to add the following treatments while my pet is sedated: Nail Trim Microchip X-rays Laser therapy

_____ Date

Agent for owner

_____ Date

_____ Relation to owner