



ANESTHESIA/SEDATION RELEASE AUTHORIZATION

Pet's Name:

Owner's Name:

Procedure:

To ensure that anesthesia is administered in the safest possible way, Shamrock Animal Hospital employs the following protocols regarding its use:

Shamrock Surgical Safety & Comfort Package:

- We use ***pre-anesthesia bloodwork*** to select the safest anesthetics for your pet based on their liver and kidney function while also screening for diabetes and other diseases. We also scan for indications of anemia, inflammation, inability to fight infection or other indicators that would indicate serious problems such as bleeding during or after surgery.
- We will shave a small area of your pet's fur prior to surgery to administer an ***IV Catheter & Fluids***. This allows us to immediately give medication in case of unexpected emergencies during surgery. Additionally, we can administer other medications without your pet having to feel an additional injection. Fluids during surgery allow us to better control blood pressure and body temperature as well as ensure proper hydration. (*Note: We do not administer IV fluids for feline neuters or declaws*)
- We are committed to minimizing any discomfort our patients may feel after procedures. Pre and post-surgical ***pain medications*** allow us to proactively minimize any discomfort for our patients. Some procedures also require additional medications that will go home with your pet and are not included in the Surgical Comfort Package.

In order to protect your pet and our other patients, all animals in the hospital must be current on rabies, distemper, and bordetella vaccines. Upon arrival, your pet(s) will also be given a weight-appropriate dose of Capstar. Capstar is a medication that kills fleas on your pet and ensures that we can keep our facility free of fleas. There is a cost associated with this, which will appear on your invoice at check-out.

While under anesthesia, it is often a good time to perform other important procedures including the insertion of a ***microchip*** which allows animal health professionals to identify your pet if it is ever displaced due to disaster, being lost or being stolen.

Yes, please microchip my pet.

I am unsure if my pet has been microchipped. Please scan my pet, and if not already microchipped, please do so.

No, I decline a microchip for my pet.

I understand that during the procedure prescribed by Shamrock Animal Hospital, unforeseen conditions may arise that necessitate measures be taken to ensure the health of my pet. If I am unable to be reached at the emergency contact number below, I authorize Shamrock Animal Hospital to do what is deemed medically necessary by the veterinarian and any additional expense.

I understand that Shamrock Animal Hospital takes all necessary precautions to ensure my pet's safety and uses the safest anesthetic protocols available for my pet. I understand that, despite these interventions, there are risks involved in anesthesia/sedation including cardiac arrest and death. If my pet experiences cardiac arrest while under the care of Shamrock Animal Hospital, my wishes are as follows:

I hereby authorize Shamrock Animal Hospital to initiate cardiopulmonary resuscitation (CPR). I understand that additional costs may be incurred during CPR and that these costs are not included in the estimate provided for the original procedure.

I hereby declare that I do not wish for Shamrock Animal Hospital to initiate attempts to resuscitate my pet (DNR). I understand that my pet is unlikely to survive cardiac arrest without intervention.

I authorize anesthesia/sedation for my pet. The nature and risks of this procedure have been explained to me. I understand some risks always exist with anesthesia and/or sedation, and I am encouraged to discuss any concerns I have about those risks with my veterinarian before the procedure(s) are initiated. My signature on this consent form indicates that any questions have been answered to my satisfaction.

I have read, understand, and authorize.

I authorize Shamrock Animal Hospital to perform any additional diagnostic, treatment, or surgical procedure(s) deemed necessary for medical complications or otherwise unforeseen circumstances. I understand there are rare complications associated with any anesthetic procedure. No warranty or guarantee has been given to me as to the results or cure afforded by these treatments or procedures. I fully understand these risks and understand the veterinarians and hospital staff will try to minimize such risks. I will not hold Shamrock Animal Hospital, the veterinarians, or any staff member liable for any complications that may arise.

I have read, understand, and authorize.

Payment is due upon services rendered.

I have read, understand, and agree.

I, being responsible for the above-named animal, grant consent for Shamrock Animal Hospital to perform the prescribed procedures, as outlined in the treatment plan/estimate I have received, on my pet while under general anesthesia.

Owner Signature: _____ Date: _____

Emergency Contact Phone Number:

Secondary Contact, First and Last Name**:

***This person has your authority to consent to medical decisions regarding your pet's surgical care in the event we cannot reach you.*

Secondary Contact Phone Number:
