



Detroit Lakes Animal Hospital
 1115 West River Road
 Detroit Lakes, MN 56501
 (218) 847-5674



Surgical & Anesthesia Consent Form

Patient Name _____ Breed _____ DOB _____ Sex _____ Weight _____
 Microchip Number _____ Client Number _____ Client Name _____

Procedure: I certify that I am the owner/guardian of the pet described above and have full authority to execute this consent. I certify that my pet has not eaten in the last 8 hours as recommended. I give my full consent to have the veterinarians of the Detroit Lakes Animal Hospital to perform the surgical procedures listed below. Initials _____
 Procedure(s) _____

Pre-Surgical Bloodwork: Your pet’s risk of complications during and after anesthesia and surgery is tremendously greater if there is preexisting organ disease, malfunction, or failure. We **strongly encourage** blood work before anesthesia and surgery to help rule out these problems or identify them and devise an alternative treatment plan to meet your pet’s unique needs. These blood panels provide immensely valuable information.

Adult Profile \$128.00 – Chemistry Profile + Complete Blood Cell Count (CBC) Initials _____
 Canine Senior Profile \$175.00 – Chemistry Profile + CBC + Urinalysis Initials _____
 Feline Senior Profile \$193.00 – Chemistry Profile + CBC + Urinalysis + Thyroid Initials _____

I DECLINE the recommended pre-anesthetic tests and request that you proceed with anesthesia. I understand that a medical condition may exist which would be impossible to identify during a physical exam alone. I understand that my pet’s health could be at risk if such a condition goes undetected when my pet is placed under anesthesia. Initials _____

Anesthetic/Surgical Risks: These may include and are not limited to hemorrhage, hypothermia, decreased heart rate or respiratory rate, death, post-operative complications (i.e. surgical site breakdown, implant failure/rejection, secondary infections), etc. **I understand these risks and that the doctors and supporting staff of Detroit Lakes Animal Hospital will do their best to minimize said risks.** Initials _____

Resuscitation Orders: In the event my pet’s heart and/or breathing stop (cardiopulmonary arrest), resuscitation efforts according to the advanced directive below will be undertaken by the doctor(s) and/or staff of Detroit Lakes Animal Hospital. We will perform our best to resuscitate your pet, however CPR success rates are ~13-15%. Furthermore, I understand that I will be responsible for any costs incurred in performing these measures:

Do NOT Resuscitate (Red Code) – No medical intervention to save my pet Initials _____
Close-Chest CPR (Yellow Code) – Heart compression, artificial respiration, meds and/or fluids Initials _____

Post-Surgical Pain Management: The anesthetic protocol chosen by our doctors provides relief from pain during and up to 4-6 hours after surgery. For this reason, your pet should be comfortable, although possibly a little drowsy, upon discharge. Pain medications will be sent home to be used after almost all surgical procedures for continued pain relief.

I authorize the doctors and supporting staff of Detroit Lakes Animal Hospital to perform services, diagnostic procedures, and treatments deemed necessary to improve my pet’s quality of life and provide quality veterinary care. I authorize the use of all anesthetic agents, sedatives, tranquilizers, and other medications and supportive care before, during, and after my pet’s procedure. I understand that hospital support personnel will be employed as deemed necessary by the attending veterinarian. I have been advised of the risks and possible complications of my pet’s procedure and that results and/or expected outcome cannot be guaranteed. I understand that payment is due at the time of service and that I am fully financially responsible for any and all services rendered. I also agree to pay for all expenses incurred to collect the debt including, but not limited to, attorney fees, collection agency fees, and billing fees.

 Signature of Owner/Guardian/Agent

 Date

(_____)_____
 Phone Number