



LAYTONSVILLE VETERINARY PRACTICE

5910 Sundown Road
Laytonsville, Maryland 20882

Surgery and Anesthesia Consent Form

I, _____, consent to anesthesia for my pet _____
and request the following procedures(s): _____

PRE-ANESTHESIA PROFILE: In order to assess the health status and identify any pre-existing abnormalities that might affect anesthesia and surgery, we highly recommend presurgical blood work. The blood panel is run based on the pet's age and health status and chosen at the doctor's discretion.

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 I DO I DO NOT wish to have the presurgical blood work run today.
 PREVIOUSLY DONE

IV CATHETER: The placement of an intravenous catheter pre-operatively allows our surgical team to better manage your pet's blood pressure and cardiac output during anesthesia which makes for a safer anesthetic experience.

I DO I DO NOT authorize IV fluids.

LASER ASSISTED SURGERY is available for your pet at an additional cost.

The advantages are:

- ◆ Seals raw throbbing nerve endings; reducing post-op pain
- ◆ Produces little or no blood loss
- ◆ Produces little or no swelling
- ◆ Allows precision in removal of abnormal tissues

I DO I DO NOT request the use of the laser.

PAIN MANAGEMENT should be considered for all surgeries. The dosages and duration of medications, which may affect fees charged, will be left at the doctor's discretion. Pain management incurs additional costs.

I DO I DO NOT request pain management.

MICROCHIP: A microchip is useful as a means of identifying your pet if they are lost or stolen.

PLEASE IMPLANT DO NOT IMPLANT

Please contact me by: cell: _____ home/work: _____ email: _____

If an electronic update of how my pet is doing is appropriate I prefer: text email

If unavailable I authorize Laytonsville Veterinary Practice to make medical decisions on my behalf concerning my pet: _____

I understand that veterinary care during nighttime hours and/or weekends is provided at the discretion of the attending veterinarian. Continuous 24 hour presence of personnel may not be provided during these hours.

Signature: _____ Date: _____