



Dawn Mason DVM & Michelle Grasso DVM
Phone: 770.213.3551 • Fax: 770.213.3586
4280 Hickory Flat Hwy • Suite 112 • Canton, GA 30115

Surgery & Anesthesia Consent Form

Client: _____ Animal: _____

As owner/agent of the pet described above, I hereby give my consent to Harmony Animal Hospital to perform the following under general anesthesia:

Procedure(s): _____ Phone number: _____

When did your pet last eat? _____ Does your pet have any medical conditions? Yes/No Is your pet Epileptic? Yes/No

Is your pet on any medications/STEROIDS? _____ If so, what medications and when was the last time medication were given?

Would you like your pet microchipped (\$40.00)? Initial _____ and/or a complimentary alteration ID tattoo (small green line)? Initial _____

General Information Regarding Anesthesia:

Anesthesia - We use the same safe Isoflurane gas that is often used in human medicine. Isoflurane is primarily eliminated through the respiratory tract rather than through the kidneys or liver. This helps to reduce the risks associated with anesthesia and allows for a smoother recovery.

Monitoring - Your pet is closely monitored throughout the entire procedure/anesthesia. Your pet's temperature, heart rate and rhythm, respirations, and oxygen levels are continuously checked by our staff and anesthetic monitoring equipment.

Intravenous Catheter and fluids - The intravenous catheter acts as an "open port" to administer medication and fluids during surgical procedures. We strive to provide the best medical care for your pet, and require Intravenous fluids for our surgical procedures. This will allow your pet to recover faster from anesthesia, maintain blood pressure, and increase circulation.

***I understand my pet will be on IV fluid during the procedure. INITIAL: _____**

Therapeutic K-Laser Treatment - Your pet will receive laser treatment on their incision(s) today. This therapy promotes healing and reduces inflammation, helping with pain management during recovery.

***I understand my pet will be receiving therapeutic laser treatment on their incision. INITIAL: _____**

Pre-Anesthetic Blood Safety Screen - Our on-site laboratory allows us to screen for medical conditions prior to anesthesia. These results will help us to determine the best anesthetic for your pet.

***We recommend this bloodwork for ALL of our patients undergoing anesthesia.**

(\$78.00) under 7 years; (\$122.00) over 7 years

INITIAL: YES _____ NO _____

In addition, if any external parasites are observed on my pet, he/she will receive treatment at my (the owner's) expense.

Authorization and Risk Assessment:

I understand that during these procedures great care is taken to ensure my pet's health, but unforeseen conditions may be revealed that necessitate an extension or variance in the procedure(s) defined above. I authorize Harmony Animal Hospital to perform any additional diagnostic, treatment, or surgical procedure(s) deemed necessary for medical or surgical complications or any unforeseen circumstances. While Harmony Animal Hospital provides the highest quality of anesthesia monitoring and surgical services, I understand the risks and understand that the veterinarians and hospital team will do everything possible to reduce any risks. I will not hold Harmony Animal Hospital, the veterinarians, or any team member liable for any complications that may arise.

By signing this document I certify that I have read this document, understand it, and have had all of my questions answered to my satisfaction and I agree to the conditions of treatment. My signature below authorizes the veterinarians at Harmony Animal Hospital to perform said procedure(s) and or treatment(s) described above.

Owner/Agent's Signature: _____ Date: _____