

# TREEHOUSE ANIMAL CLINIC ANESTHETIC PROCEDURE CONSENT FORM

Owner's Name:

Date of Procedure:

Pet's Name:

Sex:

Procedure(s):

**CONSENT:** I authorize Treehouse Animal Clinic's (also referred to as "TAC") veterinary staff to perform the above-mentioned medical procedure(s) and/or treatment(s) on my pet. I acknowledge and understand that unknown and unanticipated risks and complications always exist with animals going under anesthesia and/or surgery, which could result in injury to my pet, including the possibility of death. I indicate with my signature my consent to the above procedure(s), that all questions have been answered to my full satisfaction and that I understand any risk associated with my pet's procedure(s).

Signature:

Date:

**PRE-OPERATIVE CARE:** I certify that my pet has not eaten any food or drank liquids since midnight last night. If there is a possibility that my pet had more than the recommended amount of water or eaten anything past midnight, it is requested by TAC's veterinary staff to reschedule the procedure due to an increased risk of complications that can arise from a pet's aspiration while under sedation, anesthesia, or while recovering from anesthesia.

Signature:

Date:

**DENTAL PROCEDURES:** Dental procedures and cleanings needing extractions may be hard to give an accurate estimate for until your veterinarian has been able to perform the oral exam while your pet is under anesthesia/sedation, until your veterinarian has started the extraction process or after your veterinarian has taken dental x-rays. Please make yourself available during your pet's instructed surgery time. If the above-mentioned exam/x-rays detect additional recommended procedures, we will want your verbal consent while your pet is still under anesthesia/sedation to proceed. Dental Extractions, if needed, can range from \$28 - \$351 **per tooth**. We will call if any extractions not listed in your estimate above are recommended. **If we are unable to reach you, we will not proceed with any additional recommended procedures at this time.** A second anesthetic procedure will need to be scheduled approximately 6 weeks after the initial procedure. Your veterinarian will guide you on your pet's specific time frame.

Signature:

Date:

**EMERGENCY OR ADDITIONAL TREATMENT:** I understand and have been advised that, during the performance of the above-mentioned procedure(s), unforeseen conditions and circumstances might arise or might be revealed that necessitate (1) an extension of the above procedure(s) and/or (2) different procedure(s) being required in addition to the above-mentioned medical procedure(s). In case of emergency or additional treatment, I understand that TAC will make every attempt to contact me by phone. However, depending on the circumstance, in the event that they are unable to contact me prior to rendering emergency treatment on my pet, the following decisions have been made by me regarding the rendering of emergency and/or resuscitative care and treatment to my pet:

TAC's staff has \_\_\_\_\_ or does not have \_\_\_\_\_ (*initial applicable phrase*) my permission to provide any emergency treatment and/or treatment and care as the attending veterinarian or technician deems necessary.

\_\_\_\_\_ I agree to pay for all related fees associated to such emergency care and/or treatment **-OR-**  
\_\_\_\_\_ I agree to pay no more than \$\_\_\_\_\_ related to such treatment and care.  
(*Initial the approved choice and cross out the inapplicable phrase*)

Please **do NOT** resuscitate/further treat my pet \_\_\_\_\_  
(Signature) (Date)

**PRE-OPERATIVE TESTING:** Certain tests may be required by the veterinarian prior to surgery, depending upon your pet's prior medical history, age, or current medical condition. (*Please initial one*)

\_\_\_\_\_ Yes. Please perform the pre-operative bloodwork and other tests as recommended by the veterinarian at an additional cost.  
\_\_\_\_\_ No. I decline pre-operative bloodwork and accept all risks related to my pet's future health/treatment.

**PAYMENT DUE AT TIME OF SERVICE:** We accept American Express, Visa, Mastercard, Discover, Debit, Cash or Check only. We do not accept Care Credit or Payment Plans.

I understand this policy \_\_\_\_\_  
(signature) (Date)