

PROCEDURE & ANESTHESIA CONSENT FORM

Date of Procedure: _____

Client Name (Pet Owner or Responsible Party):

Patient (Pet)
Name: _____

Number where **I will be reachable today**:

Email
Address: _____

Hospital where procedure will take place: _____

Attending Veterinarian (DVM): _____

I, as the owner or party responsible for the patient listed above, hereby authorize Dr. Hammel and staff of City of Lakes Veterinary Surgery to perform the following procedure(s):
(Such as, TPLO, extracapsular repair, patella stabilization with possible extracapsular repair, fracture repair, mass removal, PU)

*Ask staff if unsure, please

at this location on the body (initial only one):

Left Right Both Not Applicable, specify _____

I understand that anesthesia will need to be administered to accomplish the surgical procedure(s). The Attending Veterinarian and host hospital will be responsible for monitoring and recovering the Patient during this anesthetic event. (initial below)

I have read and understand.

It has been explained to me that conditions may arise during the procedure(s) whereby a differing or additional procedure(s) may need to be performed to prioritize the Patient's safety and well-being. I understand that efforts will be made to contact me prior to such procedure(s) being performed, but there may be instances where it is in the best interest of the Patient to proceed without delay and/or Client confirmation. (initial below)

I have read and understand.



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I have been advised as to the nature of the procedure(s) and the inherent risks involved. I understand that complications, including but not limited to infection, swelling, edema, hemorrhage, implant failure, delayed healing, anesthetic complications, cardiac arrest, and death, could result. I acknowledge that no guarantee can be or has been made as to any long- or short-term result or cure. While uncommon, some complications may require additional treatment or surgery, at an additional cost. (initial below)

I have read and understand.

I have been advised that strict adherence to the post-surgical care plan outlined by City of Lakes Veterinary Surgery and/or my Attending Veterinarian is crucial to minimizing potential complications and/or adverse side effects. These may include but are not limited to restricting exercise, abstaining from bathing or swimming, administering prescribed medications, and wearing an e-collar and/or protective covering. I understand that follow-up care will primarily be performed by my Attending Veterinarian unless otherwise directed. (initial below)

I have read and understand.

As a mobile specialty surgery provider, City of Lakes Veterinary Surgery performs procedures at referring veterinary hospitals and approved treatment locations. I understand that the host hospital and/or Attending Veterinarian are responsible for patient admission, anesthetic monitoring, recovery, hospitalization, and routine nursing care unless otherwise arranged. (initial below)

I have read and understand.

City of Lakes Veterinary Surgery occasionally features Patients on its website, social media channels (Facebook, YouTube, etc.), and/or educational publications (print and online). In the interest of educating pet owners, veterinarians, and veterinary staff regarding surgical procedures and patient outcomes, please indicate your preference below regarding the sharing of photos and/or videos of the Patient. We may mention the Patient's first name only and will never disclose the Client's last name or personal identifying information. (initial one below)

I grant permission.

I do not grant permission.

CLIENT SIGNATURE

Client Signature: _____

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Printed Name: _____

Date: _____