

Strawberry Hill Animal Hospital

350 Westport Ave

Norwalk, CT 06851

203-847-5875

Dr. Edward Kurose

Dr. David Santisi

Dr. Jennifer Neal

Dr. Daniel Whalen

Dr. Kara Caldwell

ANESTHESIA CONSENT- Please ask should you have any questions regarding this form.

I am the owner or agent for the owner of the above described animal and have the authority to execute this consent.

I hereby consent and authorize the performance of the following procedure(s) or operation(s): _____

A veterinarian will perform an exam to assess whether your pet is healthy enough to undergo anesthesia. To further assess your pet's overall health, blood work can be run prior to the procedure. In general, animals under eight years of age are at minimal risk and blood work is usually unnecessary. However, we provide this option to all of our patients.

Would you like us to run blood work (CBC/Blood Profile at \$128) before anesthetizing your pet?

YES NO

Home Again is a microchip implanted in animals that is used to identify lost pets. A national registry records your pets unique number and personal information. Most veterinarians and animal shelters have microchip readers to identify your pet, should it be lost. The cost for us to implant **Home Again** is **\$72.00** and there is a **\$29.99 one-time activation fee** for national monitoring. **Would you like us to implant Home Again at the time of surgery?**

YES NO

I understand that during the performance of the foregoing procedure(s) or operation(s), unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure(s) or operation(s) or different procedure(s) or operation(s) than those set forth above. Therefore, I hereby consent to and authorize the performance of such procedure(s) or operation(s) as are necessary and desirable in the exercise of the veterinarian's professional judgment. I agree to be financially responsible for any veterinary care performed.

I also authorize the use of appropriate anesthetics and other medications, and I understand that hospital support personnel will be employed as deemed necessary by the veterinarian.

I have been advised as to the nature of the procedure(s) and/or operation(s) and the risks involved. I realize that results cannot be guaranteed.

1. General Questions

Has your pet received any over the counter or prescription medications in the last two weeks? YES NO

If yes please specify these medications and the time of the last dose given: __

Is your pet indoor, outdoor, or both? Indoor Outdoor Both

Water intake has been Normal Decreased Increased

Appetite has been Normal Decreased Increased

Energy level has been Normal Decreased Increased

Gastrointestinal

Vomiting? YES NO If yes: Food Liquid Bloody How often? __

Diarrhea? YES NO If yes: Soft Liquid Bloody How often? __ Has your pet been treated

for intestinal parasites recently? YES NO

Urinary

Blood in urine? YES NO
Increased volume of urination? YES NO
Frequent urination? YES NO

Accidents in house? YES NO
Straining to urinate? YES NO

Upper Respiratory

Sneezing? YES NO
Runny eyes? YES NO
If yes, what color is the discharge?__

Coughing? YES NO

Skin

Is he/she itchy? YES NO
Have you bathed him/her recently? YES NO
Have you done any treatment? YES NO

Is he/she losing hair? YES NO
Have you seen fleas? YES NO
Have you seen ticks? YES NO

If yes, what did you use?_____ when was the treatment done?_____

Is this a yearly/seasonal occurrence? YES NO

NOTICE: All animals will be checked for fleas and ticks. If detected, affected pets will be treated at owner's expense.

I have read and understand this authorization and consent.

Phone number where you can be reached today

Witness to signature

Signature of Owner or Agent