Star of Texas Veterinary Hospital
10706 Brodie Lane
Austin, TX 78748
512-291-1600

Anesthesia/Surgery Consent Form

Client Name: _____
Address: _____
_____
Telephone: _____

Name: _____
Species: _____
Breed: _____
Sex: _____
Color: _____
Markings: _____
Birth Date: _____

Surgical Procedure to be Performed Today:

Your pet will be undergoing general anesthesia plus a surgical procedure today. Procedures requiring anesthesia are always associated with a certain amount of risk, whether the patient is a person or a pet. Many conditions, including disorders of the liver, kidneys, and blood, may not be detected unless laboratory testing is performed. For these reasons, we require **all patients receive laboratory tests before such procedures.** The purpose of such tests is to verify proper organ functions, the oxygen carrying ability of the blood, ability to fight infection, platelets for proper clotting, and to establish a baseline for future reference. The following testing will be performed on your pet:

Your pet's laboratory testing on file is current ☐

Age	Preoperative Testing to be performed today

- If we are removing a mass or lump from your pet, a **histopathology report** can be obtained to determine if further treatment is necessary. To authorize this report, please initial here:_____
- We offer permanent pet identification by **microchip implantation**. If your pet does not have one and you would like to have it done during anesthesia, please initial here:YES_____ NO_____
- In order to reduce stress and minimize bacterial infection during blood draws and catheter placement, we may need to **shave a small patch of hair from your pet's leg and/or neck**. Please let the receptionists know if there is a reason that this needs to be avoided.

Owner's Release:
I authorize Star of Texas Veterinary Hospital to perform the above surgical procedures and required laboratory testing. I understand that conditions may arise during this procedure whereby a different procedure or an additional procedure may need to be performed, and I authorize my veterinarian to do what he feels is needed and necessary. I understand that no guarantee of successful treatment had been made. I certify that I understand this release and will assume full financial responsibility of all charges.

We cannot foresee all problems that arise during surgery, so we ask that you check one of the following boxes:

☐ Perform whatever procedures are needed.

☐ Please call me with an estimate if any additional procedures are needed.
If for some reason I am not available when you call, please:

- ☐ Perform whatever procedures are needed.
- ☐ Do only what I have authorized. I understand that if new circumstances arise that my pet may need to undergo another anesthetic procedure to complete the treatment.

Signature _____ Date _____
{FULLNAME}

Contact Phone Number where we can reach you THIS MORNING_____

Would you prefer a **TEXT** or **CALL** today?