



Bonnie Brae Veterinary Hospital
155 Shuford Road
Columbus, NC 28722
(828) 894-6064

Anesthesia / Surgical Consent

Client Name:

Address:

Phone Number: ()

Patient Name:

Species:

Breed:

Sex:

Color:

Weight:

Anesthetic and surgical procedure(s) to be performed:

We know you're worried, but . . . at Bonnie Brae Veterinary Hospital all patients are monitored throughout surgery via pulse oximeter, which is one of the most sensitive indicators of anesthetic depth. Patients are placed on a circulating hot water heating pad to keep them warm during and post surgery. In addition to the doctor, a trained veterinary anesthesia technician is present at all times. No anesthetic procedure is 100% risk-free, but we take every precaution to ensure your pet will do well.

Here are a few things you should know prior to surgery ...

- If the patient has not been examined by one of our doctors at this facility in the past year, the doctor will perform a wellness exam at an additional cost.
- A Medical Waste Fee will be added to any invoice in which injections have been given.
- A complimentary nail trim will be done while under sedation.
- We offer a complimentary tattoo for all **SPAYS**.

Yes, tattoo my pet

No, do not tattoo my pet

Microchip ID

Microchip IDs provide a permanent means of identification if your pet is ever lost or stolen. Animal shelters and researchers are trained to use scanners to identify your pet.

Yes, I want Microchip ID

No, I do not want a Microchip ID

I authorize Bonnie Brae Veterinary Hospital to receive, prescribe for, treat, or operate upon my pet. The nature of this treatment/procedure has been described to me to my satisfaction and while I expect all procedures to be done to the best ability of the professional staff, I realize no guarantee nor warranty can ethically or professionally be made regarding the results of the procedure.

I understand that the attending veterinarian will make every effort to contact me regarding treatment in the case of unforeseen emergencies. If unable to contact me, the staff may or may not have my permission to proceed with life sustaining procedures.

I give my permission [yes]: **I do not give my permission [no]:**

I also assume full responsibility for any additional expenses incurred after the surgical procedure is performed, such as follow up radiographs, re-check physical exams, and additional surgery due to post-op complications. These are more likely to occur when there is a failure to comply with the aftercare instructions.

I have read and fully understand the terms and conditions set forth above.

Signature of Owner: _____

Date: _____