

**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