

**Strawberry Hill Animal Hospital**

350 Westport Ave

Norwalk, CT 06851

203-847-5875

**Dr. Edward Kurose**

**Dr. Gabrielle Chase**

**Dr. Jennifer Neal**

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): \_\_\_

I have been given an estimate for the above named procedure in the amount of: \_\_\_

I have not been given an estimate  / **I would like to have an estimate prior to the procedure**

If my pet is having a dental prophylaxis **I DO**  / **DO NOT**  **give permission to have teeth extracted if recommended by the surgeon.** \_\_\_

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/Electrolytes/Blood Profile at \$229.78) before anesthetizing your pet?**

YES  NO  MY PET RECENTLY HAD LABWORK DONE

Home Again is a microchip implanted in animals that is used to identify lost pets. A national registry records your pet's 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 \$80.00** and there is a **\$30.99 one-time activation fee** for national monitoring. **Would you like us to implant Home Again at the time of surgery?**

YES  NO  MY PET ALREADY HAS A MICROCHIP

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**

When was the last time your pet had any food or treats? \_\_\_

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 Accidents in house?  YES  NO  
Increased volume of urination?  YES  NO Straining to urinate?  YES  NO  
Frequent urination?  YES  NO

**Upper Respiratory**

Sneezing?  YES  NO Coughing?  YES  NO  
Runny eyes?  YES  NO  
If yes, what color is the discharge?\_\_

**Skin**

Is he/she itchy?  YES  NO Is he/she losing hair?  YES  NO  
Have you bathed him/her recently?  YES  NO Have you seen fleas?  YES  NO  
Have you done any treatment?  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.

Signature of Owner or Agent\_\_\_\_\_

Witness to signature\_\_\_\_\_

Phone number where you can be reached today : \_\_\_\_\_