



Edgewood Veterinary Clinic, Inc. 

1055 Grass Valley Hwy • Auburn, CA • (530) 885-1919 • FAX (530) 885-2409

CONSENT FOR TREATMENT AND/OR SURGERY

Owner's Name
Pet's Name

Owner's Phone #Today

Breed

Age

- I am the owner, or authorized agent of the owner, of the above described pet, have the authority to execute this consent, and am over eighteen years of age.
- I consent to and authorize the following procedure(s) or operation(s) ("procedures"):
Procedures
- I understand that during the procedure(s), unforeseen conditions may be revealed that necessitate an extension of the procedure(s) or different or additional procedures than stated above. Therefore, I hereby consent to and authorize the performance of such procedure(s) as is/are necessary in the veterinarian's judgment.
- I also consent to the use of appropriate anesthetics and other medications. I have been advised of the risks in the use of anesthetics and accept this risk as part of the procedure.
- I have been advised as to the nature of the procedure(s) and the risks involved. I understand that my pet can have complications or even die. I also understand that results are not guaranteed.
- Pre-anesthesia blood work helps make the pet's anesthetization safer. I have been offered pre-anesthetic blood testing and have been advised of its importance. Your pet may require additional laboratory testing such as Heartworm, or Feline Leukemia/Feline Immunodeficiency Virus testing. You will be contacted by a veterinarian or technician if additional testing is required.

I DO DO NOT want a pre-anesthetic blood panel done for my pet.

- It has been recommended that my pet receive an IV catheter and fluid therapy prior to/during/ and after the procedure at the additional cost of : *(Please call the office for current prices)*

I DO DO NOT want IV catheter and fluid therapy for my pet. *(Please call the office for current prices)*
IV catheter and fluids are highly recommended. Fluids maintains blood pressure as well as hydration, and in an emergency situation the IV catheter provides venous access in case of any emergency

I DO DO NOT want post-surgical pain relief medication for my pet. Highly recommended to relieve swelling and pain after the procedure. *(Please call the office for current prices)*

- I have read and do understand this form and hereby voluntarily give my consent.

Signature of Owner or Agent _____ Date

Phone number where you can be reached today

Signature of Witness _____ Date

DOUBLE SIDED, TURN OVER →

MISCELLANEOUS INFORMATION

Has your pet had any food within the past twelve hours? Yes No

Is your pet currently on Heartworm prevention medication? Yes No

Is your pet current on vaccines? Yes No

New clients must provide vaccine history for their pet prior to surgical procedure.

Does your pet have any history of seizures? Yes No

Has your pet had any adverse reactions to anesthesia or to any medications in the past? Yes No

If yes, please explain.

Please list any medications your pet is currently receiving:

Would you like to take this opportunity and have your pet micro-chipped while under anesthesia. This also includes initial registration and setup fees with Homeagain. (Please call the office for current prices)

Yes No

IF THE HOSPITAL STAFF CANNOT REACH ME BY PHONE, PLEASE DO THE FOLLOWING:

Please treat my pet as deemed necessary by the attending veterinarians, and I will be responsible for any associated costs.

OR

Do not make any major changes in treatment without contacting me first. If I cannot be reached within a reasonable time, I understand that my pet will not be kept under anesthesia any longer and will not receive any additional treatments. I also understand that by not being available, may require me to bring my pet back for an additional procedures.