

**EDGEWOOD VETERINARY CLINIC, INC. P.S.**  
1311 MERIDIAN EAST  
EDGEWOOD, WA 98371  
(253) 927-4546

## Preanesthetic Consent/Consent To Treat Form

### Preanesthetic Blood Testing Consent

The liver and kidneys are the two primary organs responsible for the processing and metabolism of anesthetics. We recommend preanesthetic blood testing prior to any anesthetic procedure. Identifying underlying organ dysfunction will allow your doctor to adjust the anesthesia accordingly, decreasing the risk and possible adverse effects to your pet. Results will be available to your doctor before surgery. Should there be any indication that an abnormality exists, a doctor will either contact you before proceeding or take those steps necessary to help ensure the safe return of your pet.

Pre-Op panel \_\_\_\_\_ 1-6 years old (\$ \_\_\_\_\_ )      Geriatric panel \_\_\_\_\_ 7 years and older (\$ \_\_\_\_\_ )

I authorize \_\_\_\_\_ I decline \_\_\_\_\_ I authorize \_\_\_\_\_ I decline \_\_\_\_\_

### Intravenous Catheter/Fluids (\$ \_\_\_\_\_ )

An intravenous catheter (or "IV") is important to allow emergency access to a vein during anesthesia. It also allows for medications, anesthetics, and IV fluids to be delivered. IV fluids are beneficial in maintaining blood pressure and tissue perfusion during anesthetic procedures. We strongly recommend that every patient over the age of 7 years old receive an IV catheter prior to surgery. However, under certain circumstances, the doctor may deem it necessary and in the best interest of the patient to place an IV catheter in a pet under the age of 7.

I authorize an IV catheter \_\_\_\_\_ I decline an IV catheter \_\_\_\_\_

### Pain Medication

Your pet will experience a more pleasant and safer recovery from surgery with effective pain control in the immediate post-operative period and in the days following the procedure. There is an additional fee for pain medication. You have the option but we strongly recommend that you choose to give your animal pain medication.

I authorize additional pain medication \_\_\_\_\_ I decline additional pain medication \_\_\_\_\_

I understand that the doctors and staff of Edgewood Veterinary Clinic will take reasonable and appropriate measures to maintain a safe anesthetic event for my pet, but that unforeseen complications may arise. By signing this consent form, I am aware that there are certain risks with any anesthetic procedure (organ failure, neurologic impairment, vision loss, death, etc.). I also understand that every attempt will be made to adhere to the original estimate provided. I am aware that if I can't be reached by phone in a timely manner, the doctors and staff of Edgewood Veterinary Clinic will do what is in the best interest of my pet and I will be financially responsible for all costs incurred.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Pet's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Any Other Services Needed Today? \_\_\_\_\_

