



Consent form for an anesthesia / surgery

Date:

Pet owner

Name:

Address:

Telephone number:

Patient

Name:

Species and breed:

Date of birth:

Female

Male

Neutered

Planned intervention:

Does your pet receive any medication? Some medications are relevant for the ability to be anesthetized!

Within the scope of the pre-anesthetic examination, the veterinarian recommended the following measures:

Not applicable

Blood test

Heart exam

X-ray:

Ultrasound:

Other:

The measures recommended in the pre-anesthetic examination were carried out.

The measures recommended in the pre-anesthetic examination were not carried out at the owner's request.

Important information

Before the anesthesia/surgery:

- Your pet may not eat in the 8 hours prior to the anesthesia (unless prescribed otherwise). You may offer water to your pet for up to 1 hour prior to the anesthesia (unless prescribed otherwise).
- Your pet should have passed feces and urine.
- Please inform us whether your animal receives medication regularly.
- Please leave a telephone number where you can be reached during the procedure.



After the anesthesia/surgery:

- Your pet is not allowed to eat or drink for a certain period of time after the anesthesia/surgery. We will explain this in more detail when your animal is released.
- We will discuss the necessary follow-up treatments with you.
- Your pet may not lick the surgical wound. If necessary, a pet cone or protective suit must be worn.
- Stitches are usually removed 10-12 days after the surgery.
- If your pet experiences any problems after the procedure, please contact us immediately.

During the upcoming anesthesia, we can offer the following additional services:

- | | |
|--|---|
| <input type="checkbox"/> Nail clipping | <input type="checkbox"/> Marking with a microchip |
| <input type="checkbox"/> Emptying of the anal glands | <input type="checkbox"/> Rinsing of the nasolacrimal duct |
| <input type="checkbox"/> Ear cleaning | <input type="checkbox"/> Removal of tartar |
| <input type="checkbox"/> Orthopedic x-ray (such as HD, ED) | |
| <input type="checkbox"/> Other: | |

Consent form

I agree to have the anesthesia/surgery carried out on my pet as mentioned above. **I have been informed about the risks of the procedure and confirm this with my signature.**

I am aware that I have to pay the costs of the procedure when my pet is released. In the event of unforeseen medical findings, the cost estimate may be exceeded. In this case I will be informed as quickly as possible.

.....
(additions if necessary)

I can be reached under the following telephone number today:

Date: **Signature of the pet owner:**