

Employee Initials: _____

Lakewood Forest Veterinary Hospital

11802 Louetta Rd. Houston, TX 77070
Phone: 281-376-1172 Fax: 281-251-4580

Owner's Name: _____

Pet's Name: _____

Phone number where I can be reached today: _____

I am the owner of the above described animal and have the authority to execute this consent and authorization of the following procedure:

Anesthetic episodes carry an inherent risk. Undoubtedly, the importance of the procedure outweighs the potential for complications. There are certain measures, detailed below, that will be taken to minimize the risks during anesthesia and surgery.

**Has your pet been fasted (no food or water) for the past 10 hours? Yes: _____
No: _____**

Intravenous catheterization

With the exception of extremely short procedures, anesthetic episodes result in a lowering of blood pressure and reduced circulation to vital organs. Intravenous catheterization allows us to administer fluids which will not only help maintain blood pressure, but also provides us with venous access should we need to administer any emergency medications.

Pre-anesthetic Blood work

By testing blood chemistries and hematology values, we can better evaluate the status of your pet's major organ systems. This is important because certain organs process and rid the body of medications used during anesthesia. The numbers of certain blood cells can determine how well oxygen is delivered to the body's organs, how well the body can fight infection, and how well blood is able to clot during and after surgery. These functions are often altered with age and certain disease states. We require that blood work be done before any surgery.

Laser Therapy

Cost: \$20.00

We are pleased to offer our patients the benefit of post-surgical laser therapy. This safe, noninvasive procedure can be done immediately following your pet's surgery or wound treatment. Laser therapy significantly reduces pain and inflammation while speeding the healing process.

_____ Yes, I consent to post-surgical laser therapy for my pet

_____ No, I decline the use of post-surgical laser therapy on my pet

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Home-Again Microchip Permanent Identification:

Cost: \$49.99

(Includes Enrollment Fee)

We have the technology to safely and permanently insert a microchip under your pet's skin, which will allow anyone (for example, animal shelters and veterinary clinics) to scan and identify your pet if lost or stolen. This procedure needs to be done only one time, and the microchip will persist for the life of the pet. Although it is not necessary to anesthetize the animal to insert the microchip, we find that it is more comfortable and convenient to do so concurrently with an anesthetic procedure.

_____ **Yes, I Consent to the placement of a microchip
under my pet's skin**

_____ **No, I decline the placement of a microchip under my
pet's skin**

I understand that during the performance of the procedures for the above situation(s) unforeseen conditions may be revealed that necessitate an extension of the foregoing procedures, or even procedures different from those set forth previously. I hereby consent and authorize the performance necessary and desirable in the exercise of the veterinarian's professional judgment. I have been advised of the nature of the services and procedures, as well as the risks involved, and I also realize that results can not be guaranteed. I additionally authorize the use of appropriate anesthetics, and the administration of other medications, and understand that hospital staff will be utilized as deemed necessary by the veterinarian.

I understand that if further services are required for my pet (even if treatment of the same condition) additional expenses will occur, including recheck exams, hospitalization, sedation, medication, diagnostic tests, x-rays, and bandage changes.

Appropriate pain medication is routinely given to the patients after most surgical and dental procedures. Please inquire with hospital staff regarding cost. Intent to decline pain medication for your pet must be related to the hospital staff prior to the service rendered.

I have read and understand this authorization.

(Date)

(Signature of owner or agent)

Surgeries are performed between 12:00PM and 4:00PM; however it is necessary for patients to arrive between 7:30AM and 9:00AM for pre-anesthetic blood work and surgical prep.