



Gladstone Veterinary Clinic

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ANESTHESIA CONSENT

Patient Name: _____

Procedure: _____

Even with the highest level of medical care, there is always some risk with any anesthetic procedure. Although complications are rare, they may include injury, illness, or even death. For this reason, we take many steps to minimize this risk for each patient:

- **Pre-Anesthetic Bloodwork** -- allows us to diagnose medical conditions that cannot be detected on physical examination before they cause a problem under anesthesia
- **Thorough Pre-Anesthetic History** -- gives us more information to help avoid anesthetic issues
- **Comprehensive Physical Examination** on the morning of anesthesia
- **Certified Veterinary Technicians** -- our CVTs are specially educated and trained to provide the best possible care; for your pet's best health and safety, only CVTs or DVMs monitor anesthesia in our practice
- **Inhalant Anesthesia** -- allows your pet to sleep and wake up faster, smoother, and safer
- **Airway Intubation** -- providing a secure airway during anesthesia
- **Careful Monitoring** -- dedicated certified technician monitors heart rate, breathing rate, oxygen content in blood, blood pressure, depth of anesthesia, ECG, CO₂ levels, and body temperature throughout the procedure and recovery
- **IV Catheter and Fluids** -- allows immediate cardiovascular access in case of an emergency under anesthesia, supports blood pressure and kidney function under anesthesia, decreases nausea during the recovery period, and prevents dehydration
- **Temperature Support** -- Bair-Hugger forced air warming system
- **Complete Recovery** -- a certified technician will stay with your pet through the recovery process
- **Peri-Operative and Post-Surgical Pain Control** -- *all* patients will receive pain control at the doctor's discretion, if you have difficulty giving medications by mouth please let us know before surgery

Vaccine Requirements:

Dogs: distemper/parvo (DA2-P), bordetella, and rabies

Cats: FVRCP, Rabies

Dental Procedures:

Extract hopelessly diseased teeth. I understand that this service is at an additional cost above the basic dental package.
_____ initials

I request a phone call to authorize any additional treatment. If I cannot be reached by phone, I understand my pet will be recovered without completing the procedure(s) and additional treatment will need to be rescheduled. _____ initials

Additional procedures:

- | | |
|---|--|
| <input type="checkbox"/> Nail Trim | <input type="checkbox"/> Microchip Placement |
| <input type="checkbox"/> Ear Cleaning | <input type="checkbox"/> Annual Fecal Exam |
| <input type="checkbox"/> Anal Gland Expression | <input type="checkbox"/> Flea Treatment |
| <input type="checkbox"/> Medication Refill: _____ | <input type="checkbox"/> Other: _____ |

CPR/DNR (select preference):

Emergencies very seldom occur, but in the event of an emergency our team will make every attempt to contact you.

Exhaust all life-saving efforts, including CPR. Necessary emergency procedures will be instituted at an additional cost.
_____ initials

Do not resuscitate _____ initials

I realize that I am responsible for payment for the procedures and treatments I have chosen, in full, at the time of discharge.

Signature: _____

Date Signed: _____

Phone numbers where you can be reached **today**:

Try 1st: Name _____ Phone _____ cell home work text update

Try 2nd: Name _____ Phone _____ cell home work text update