



4422 County Road N  
Orland, CA 95963  
United States  
(530) 865-5634

## ANESTHETIC PROCEDURE CONSENT FORM

**CLIENT:**

**PATIENT:**

### HISTORY

Core Vaccines:  
Expired Reminders:  
Microchip:

( ) Is your pet allergic to any medications? If YES: \_\_\_\_\_

( ) Any history of seizures and/or previous aesthetic problems?

( ) Is your pet currently on any medications? If YES: MEDICATION : \_\_\_\_\_ LAST GIVEN:  
\_\_\_\_\_

( ) Did your pet eat this morning? If YES, what time: \_\_\_\_\_

( ) Is your pet vomiting?

( ) Does your pet have diarrhea?

( ) Would you like us to update any past due vaccines during your pet's visit (besides Rabies)?

( ) Is your pet on a heartworm preventative? If no, would you like us to do the necessary bloodwork to get started on a preventative? ( )

Is your pet currently using flea prevention products?

Is your pet microchipped? If no, would you like to have us insert one?

**PROCEDURE TO BE PERFORMED TODAY:**

Would you like us to perform screening bloodwork on your pet before anesthesia to check the overall health of your pet's organs?

Would you like us to perform a urinalysis on your pet before anesthesia to check the overall health of your pet's organs?

IV fluids with IV catheter for maintenance of proper blood volume and faster recovery?

**CPR/DNR**

In the event that Meeting should experience cardiac or respiratory arrest while boarding, do you give consent for resuscitative efforts to be initiated until you can be contacted further and notified of Meeting's status?

By consenting to this service, you are also acknowledging that certain charges will apply. If you are not able to be contacted immediately, resuscitation efforts will be continued to be performed at the doctor's discretion.

I agree to CPR being performed in case of arrest and agree to any financial obligations as a result of CPR being performed regardless of outcome.

I elect a "**Do Not Resuscitate**" status in case of arrest.

**OWNER RELEASE AND CONSENT**

MVVH Orland, Inc., doing business as Mid-Valley Veterinary Hospital, will use all reasonable precautions against injury, escape, or death of your pet. I understand that anesthesia and surgery always involve some risk to your pet and agree to hold Mid-Valley Veterinary Hospital harmless, in the absence of negligence, in connection with these procedures. I acknowledge that no guarantee or assurance has been made to me as to the results that may be obtained. In the event complications arise and I cannot be immediately contacted at the below-listed phone number, Mid-Valley Veterinary Hospital is directed to make the decision(s) it deems best for my pet. I have read the foregoing, understand what it says, and agree.

**A DEPOSIT OF 50% OF THE PROCEDURE ESTIMATE IS DUE AT THE TIME OF PATIENT DROP OFF FOR ALL SURGERIES AND EMERGENCIES. I ACKNOWLEDGE THAT ANY REMAINING BALANCE IS DUE AT TIME OF DISCHARGE.**

SIGNATURE:

DATE:

(owner/agent)

PHONE NUMBER(S) WHERE YOU CAN BE REACHED TODAY: