

4745 PAOLI PIKE, FLOYDS KNOBS, IN 47119

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ANESTHETIC CONSENT FORM

Before putting your pet, Anesthesia always carries an inherent risk but we strive to make your including disorders of the liver, kidneys, or blood, are not detected un any kind of anesthesia. For these reasons, we require blood screening	less blood testing is performed.	
PRE-ANESTHETIC BLOODWORK CONSENT:		
Pre-anesthetic bloodwork looks at kidney and liver values to screen for any signs of abnormalities since these are the primary organs the body uses to filter anesthesia out of the blood stream. It also includes a complete blood count which helps screen for any signs of infection, anemia or decreased oxygen carrying capacity of the blood cells, among other things. Our laboratory is fully equipped and staffed to perform these important blood tests. Results will immediately be available to examine before anesthesia and/or surgery.		
INTRAVENOUS CATHETER PLACEMENT CONSENT:		
We require the placement of an intravenous (IV) catheter during all anesthetic procedures. Before sedation, a small area is shaved on your pet's front leg and an intravenous catheter in placed in the vein that runs down the front of your pet's leg. This allows us to have quick, available access to administer medications or fluids in case of an emergency.		
SURGICAL LASER TECHNIQUE CONSENT:		
Laser technique uses a surgical cautery laser in place of a traditional scalpel blade, the laser offers several benefits such as:		
*Less pain – laser energy seals nerve endings as it moves through tise *Less bleeding – laser seals small blood vessels during surgery, wh This also decreases surgical time, thus reducing the length of time une *Less swelling – laser energy does not crush, tear or bruise because of	nich allows our doctors to performeder anesthesia.	m surgeries with extraordinary precision.
Surgical laser is used on all applicable procedures.		
I am the owner or the authorized agent for the owner of the consent. I hereby give Hillside Animal Clinic, and an authority to administer sedation and/or anesthesia to my passociated with any anesthetic procedure. I further under unforeseen conditions may arise that may necessitate the appropriate anesthesia and pain relief medication as needed.	ny authorized agents, staff bet. I understand that there a restand that during the course performance of additional	, or representatives' consent and are certain risks and complications se of the operations or procedures procedures. I authorize the use of
Owner's name (print) Owner's Signat	ture	Date
ADDITIONAL PROCEDURES: (check with technician for more i	nformation)	
CANINE AND FELINE Nail trim Rabies vaccine Bar cleaning Intestinal parasite screen Sanitary shave Dewormer Microchip Flea and tick preventive	Heartworm preventative Lepto vaccine	FELINE ONLY ☐ Feline leukemia/FIV test ☐ Feline leukemia vaccine