

ANESTHESIA/SURGICAL CONSENT FORM

Owner Name(s): _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number (DAY OF PROCEDURE): _____

Patient's Name: _____ **DOB:** _____

Species: _____ **Breed:** _____ **Sex/Altered:** _____ **Color:** _____

Referring Hospital: _____

Attending Clinician: _____

Surgical Procedure (MUST INCLUDE ANATOMIC LOCATION OR SIDE/LIMB): Initial _____

Initial _____ I am the owner of or owner's agent for the above described animal and have the authority to execute this consent.

I have been advised by my veterinarian listed above as to the nature of the procedure listed above, including potential complications and risks thereof. I authorize **MEGAN M. SCHAIBLE, DVM, DACVS-SA**, a representative of ARIZONA PEAKS VETERINARY SURGICAL, PLLC (hereinafter "APVS"), to perform this procedure. I further understand that the above hospital (with the assistance of APVS personnel when needed) will be using medications, sedatives and/or anesthetics as needed to perform this procedure. **I understand the above hospital will be responsible for providing and performing a preoperative/preanesthetic examination of my animal in addition to monitoring, premedication, induction, anesthesia, recovery and hospitalization of my animal.** I understand no guarantee or warranty, expressed or implied has been made as to the outcome of the procedure(s).

Initial _____ **I have read and understand the above statement, associated risks, party responsibility for anesthesia and my pet's exam, and lack of guarantee/warranty. Furthermore, I authorize Dr. Megan Schaible and APVS to perform the above procedure.**

I understand that all forms of sedation, anesthesia and medications involve some risk, although every effort is made to make anesthesia as safe as possible. Although rare, severe unexpected complications can occur including but not limited to the possibility of: drug or allergic reactions, cardiac rhythm abnormalities, low blood pressure, vascular events or strokes, brain damage, cardiac or respiratory arrest, or, on very rare occasions, even death.

Additionally, all surgical procedures involve some risks and complications can occur including but not limited to: infection, bleeding, blood clots with possible vascular migration, temporary or permanent (rare) nerve injury, loss of limb function, development or progression of osteoarthritis, failure/breakage/loosening of implants, or bone fractures. Additional testing, medications, and procedures may occur related to the above complications if they occur.

Initial _____ I have read and understand the above statement. The potential complications relating to the procedure(s) have been discussed with me to my satisfaction.

Should cardiopulmonary arrest occur, I do _____, do not _____ (initial one) elect to have CPR to be performed on the above described animal.

Image & Educational Release

APVS may occasionally feature patients on social media (company website, Facebook, Instagram, YouTube, etc), in educational presentations or publications, or marketing products. I hereby irrevocably consent to the use of any images, videos, pet's name (**owner name(s) will not be used**), or the likeness of the above described animal by APVS and its associates in any and all marketing or teaching materials.

Initial (one): _____ YES or _____ NO

Client Signature: _____ Date: _____

Witness Name: _____

THIS CONSENT FORM MUST BE COMPLETE AND SIGNED OR SURGERY WILL NEED TO BE RESCHEDULED