



Clear Creek Animal Hospital
2729 Nasa Parkway
Seabrook TX 77586
(281) 326-5523- Voice (281) 326-5997- Fax
Dr. Kimberly Runge Dr. Patricia Parker



ANESTHESIA CONSENT FORM

Date: _____ **Patient:** _____ **Owner:** _____

Age: _____ **Breed:** _____ **Phone Number:** _____

As the owner of the above described animal, I hereby give my consent to Dr. Kim Runge or Dr. Patricia Parker of Clear Creek Animal Hospital to perform the following procedure(s) while said animal is under either local or general anesthesia:

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

I understand that during the performance of this procedure, unforeseen conditions may be revealed that necessitate an extension or variance in the procedure(s) set forth above. I expect Clear Creek Animal Hospital/Dr. Runge or Dr. Parker to use reasonable care and judgment in performing the procedure(s). The nature of the procedure and risk involved has been explained to me and I realize results cannot be guaranteed. I am also aware that unforeseen events resulting from the procedure(s) will not relieve me from obligation to all reasonable costs incurred regarding this animal.

I understand if I bring my pet in with external parasites (fleas/ticks/mites) that Clear Creek Animal Hospital will treat my pet as they deem necessary to prevent the spread to other animals.

Signature of Owner/Agent: _____

All animals admitted must be current on their vaccinations

PRE-ANESTHETIC BLOOD TESTING

If your pet is to be anesthetized, rest assured that advances in anesthesia and surgery have made routine procedures relatively safe, with a low rate of complications. However, many conditions, including disorders of the liver, kidneys or blood, are not detected unless blood testing is performed. Before putting your animal under anesthesia, we will perform a full physical examination but for the aforementioned reasons, we highly recommend blood screening before any anesthesia is given. Our laboratory is fully equipped and staffed to perform these important blood tests. Results will be immediately available to examine before anesthesia is administered.

CBC and chemistry profile for animals under six years old \$75.00

CBC and chemistry profile for animals over six years old \$90.00

I DO want lab work performed on my pet prior to administering anesthesia.

Signature: _____

I DO NOT want lab work performed on my pet prior to administering anesthesia.

* Patients over 6 years of age that decline blood work may receive IV fluids during the duration of surgery*

Signature: _____

INTENT FOR RESUSCITATION (CPCR- CARDIO PULMONARY CEREBRAL RESUSCITATION)

In some instances, unforeseen, medical situations may arise that require emergency life saving procedures. As these are unpredictable events, accurate estimates are not always possible ahead of time. Unless marked to the contrary, I authorize Clear Creek Animal Hospital and its agents to perform emergency care, including cardiopulmonary cerebral resuscitation and advanced life support as judged necessary by the veterinarian.

_____ I DO wish for necessary CPCR to resuscitate and stabilize my pet. I understand the veterinarian will consult me as soon as my pet is stable.

_____ I DO NOT wish for any resuscitative measures to be taken for my pet.