



Pet Hospital of Peñasquitos

Champions for Excellent Care - We are an AAHA-accredited
That means we hold ourselves to a higher standard

Date: _____

Anesthetic/Sedated Procedure Form

Owner's Name: _____ Pet's Name: _____

Surgery/Procedure: _____

Phone Number: _____ Preferred method of contact (circle) Text or Call

If the doctor determines dental extractions or other procedures/treatments are necessary:

- ☐ I would prefer the doctor to do whatever is deemed necessary for the health of my pet.
- ☐ I would prefer a phone call if the additional treatments would increase the upper range of the current agreed upon estimate.
- ☐ I would prefer a phone call explaining the needed procedure(s) and the costs involved.

Please Note: If we are unable to reach you during the procedure, we will **NOT** perform any of the additional necessary treatments, and a secondary anesthetic procedure may be necessary.

Is your pet on any medications? Please list: _____

If given, what day/time was last dose?: _____

Any unusual behaviors (please give details)? _____

Please **circle which** of the following apply:

Does your pet have any pre-existing conditions? **Yes** **No** If yes, please describe: _____

Did your pet eat this morning? **Yes** **No**

Any decrease in appetite? **Yes** **No**

Coughing? **Yes** **No**

Increase in thirst? **Yes** **No**

Urinating in the house? **Yes** **No**

Vomiting? **Yes** **No**

Diarrhea or any change in bowel movements? **Yes** **No**

Decrease in energy level? **Yes** **No**

Unwilling to jump, run or climb stairs? **Yes** **No**

Please note any additional services that you would like us to perform while your pet is anesthetized:

Nail Trim: \$45.00 ☐

Ear Cleaning: \$68.00 ☐

Anal gland exam: \$65.00 ☐

Heartworm test: \$76.00 ☐

Microchip: \$80.00 ☐

If my pet is found to have fleas, the staff will give a dose of Capstar, an oral flea treatment that kills fleas within 30 minutes after given, at the cost of the owner.

I understand that every episode of sedation, anesthesia, or surgical procedure carries an element of risk, regardless of the age or health of the patient. Should an emergency arise, I authorize the medical staff to perform such emergency procedures as may be necessary for the health of my pet until I can be notified. I agree to pay, in full, all charges for necessary emergency services rendered for and to my pet.

Should my pet go into cardiac or pulmonary arrest, I **do** _____ I **do not** _____ wish to initiate CPR (cardiopulmonary resuscitation).

Initial

Initial

I hereby authorize the doctors at Pet Hospital of Peñasquitos to perform the above procedures for my pet. The nature of the procedure(s) has been explained to me and no guarantee has been made as to the results or cure. I am also financially responsible for services rendered due at the time of discharge. I understand if I do not pick up my pet before the close of business, I will be charged an additional fee.

I, the undersigned owner, or agent of the owner of the pet identified above, certify that I am 18 years of age or older and authorize the veterinarians at Pet Hospital of Peñasquitos to perform the above procedure(s).

Signature: _____ Reviewed By: _____