

**JERONIMO PET CLINIC**  
25571 Jeronimo Road, Suite 12  
Mission Viejo, CA 92691  
949-830-7387



**SURGICAL and ANESTHETIC CONSENT FORM**

Owner's Name \_\_\_\_\_ Pet's Name \_\_\_\_\_

**I understand that it is vital that the veterinarian and/or staff of Jeronimo Pet Clinic are able to reach me for questions/concerns about my pet. I can be reached at the following phone number(s):**

( ) \_\_\_\_\_ ( ) \_\_\_\_\_

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

List ALL procedures that are to be completed today, even if they have already been discussed with the veterinarian or staff member previously. This will ensure that all desired procedures will be performed.

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**Circle one answer for each question below. Has your pet ever:**

- |                                     |            |           |
|-------------------------------------|------------|-----------|
| Had a seizure?                      | <b>Yes</b> | <b>No</b> |
| Been diagnosed with heart disease?  | <b>Yes</b> | <b>No</b> |
| Been diagnosed with kidney disease? | <b>Yes</b> | <b>No</b> |
| Been diagnosed with liver disease?  | <b>Yes</b> | <b>No</b> |
- Any long-term medications? Which ones?

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**PRE-ANESTHETIC BLOOD SCREENING**

Before putting your pet under anesthesia, we will perform a complete physical examination. However, some conditions, including disorders of the liver, kidneys, and blood are not detected on a physical exam and are only evident with blood testing. Anesthetic agents are processed and cleared through the liver and kidneys. Therefore, any disorder of these organs can increase your pet's anesthetic risk. For this reason, we will perform pre-anesthetic bloodwork to maximize patient safety and alert the doctor to the presence of dehydration, anemia, inflammation, diabetes, liver, or kidney disease, which could complicate the procedure. These tests are similar to those your own physician would run if you were to undergo anesthesia. **This pre-anesthetic blood work is required for any pet undergoing anesthesia at our hospital. Please note that this charge will appear on your estimate. Any abnormalities may require postponement of an elective procedure, changes in anesthetic regimen, or require additional precautions/treatments to be taken during the procedures.** In addition, the results of these tests are used as a baseline for comparison in the future as your pet ages, and may aid in faster and more accurate diagnosis and treatment.

**ANESTHETIC MONITORING**

To further ensure the safety of your pet under anesthesia, we digitally monitor oxygen levels and heart rate and rhythm with a pulse oximeter. In addition, temperature and respirations are closely monitored with our multi parameter digital equipment. This digital monitoring is included in the anesthesia fee.

**CONSENT AND RELEASE:**  
**Please initial by each paragraph**

**Initial** \_\_\_\_\_ I consent and authorize the veterinarian and designated assistants of Jeronimo Pet Clinic to administer treatments, anesthesia, and surgical procedures considered diagnostically or therapeutically necessary for my pet.

**Initial \_\_\_\_\_ I am aware that if the veterinarian is unable to contact me with the numbers provided,** concerning any non-emergency unplanned procedure, he/she will proceed with the procedures deemed necessary for the health of my pet at my expense.

**Initial \_\_\_\_\_ I am also aware that if my animal has any fleas, ticks, worms, or any other parasites he/she will be treated at my expense.** This is to ensure the safety and health of all patients of Jeronimo Pet Clinic.

**Initial \_\_\_\_\_** I hereby certify that I have read and fully understand the above authorization for medical and/or surgical treatment, the reasons why anesthesia is necessary, its advantages and possible complications, as well as possible alternative modes of treatment.

**Initial \_\_\_\_\_** I understand that all charges are due and payable upon my pet's release, unless other arrangements have been previously made and agreed upon.

**EMERGENCY PROCEDURE:**

**In the unlikely event that a life-threatening emergency occurs: (Choose One)**

- I authorize emergency treatment to be performed.**
- I decline all emergency treatment.**

**Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_**