

INVENTORY HKVC

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**HAWAII KAI  
VETERINAR  
CLINIC**

## Anesthesia/Sedation Consent Form

Document generation date: Wednesday, November 8, 2023

Patient ID number: 4877

Patient Name: Inventory HKVC Age: 33 years 11 months

Sex: U Breed: UNKNOWN BREED. Species: UNKNOWN SPECIES

I hereby authorize the following procedure(s) **Initial** all that apply:

Neuter  Spay  Dental  Mass Removal  Other (please specify): \_\_\_\_\_

We offer a pre-anesthetic blood profile to minimize anesthetic risk

- This blood test checks multiple organ functions, particularly the kidney and liver. These two organs are responsible for processing the anesthetic gas during the procedure. In addition, it will assess RBC, WBC, platelet count, and glucose levels
- This test is **strongly recommended** for all pets over six years of age, as well as pets with pre-existing conditions

Please **initial** your choice below:

I approve the pre-anesthetic blood profile

I have been informed of the pre-anesthetic blood profile and choose **NOT** to do this test

Please read and **initial** the following:

Pet must be free of fleas and ticks. If fleas and/or ticks are found upon admission, treatment/prevention will be administered at an additional charge

For dental procedures: I hereby consent my pet to be photographed and authorize the use or disclosure of such photograph(s) for social media and/or advertising purposes

I have received the procedure estimate, understand it, and have had all of my questions answered to my satisfaction

**CPR:** In the event that Inventory should experience cardiac or respiratory arrest while being hospitalized today, do you give consent for resuscitative efforts to be initiated until you can be contacted further and notified of Inventory's status?

By consenting to this service, you are also acknowledging that certain fees will apply. If you are not able to be contacted immediately, resuscitation efforts will be continued to be performed at the doctor's discretion. Please **initial** your choice below:

I agree to CPR being performed in case of arrest

I elect a "**Do Not Resuscitate**" status in case of arrest

I am the owner or the authorized agent for the owner of the animal described above, and I have the authority to execute this consent. My signature below certifies that I am over eighteen years of age.

I have been informed that there are certain risks and complications associated with sedation, anesthesia, and/or any operation/procedure and that the risks/complications have been explained to me. I further understand that during the course of the operations or procedures, unforeseen conditions may arise that may necessitate the performance of additional procedures deemed necessary by the veterinarian. I am encouraged to discuss any concerns I have about these risks with the attending veterinarian before the procedure is initiated.

I authorize the use of appropriate anesthesia and pain relief medication as needed before, during or after the procedure. I have been informed that there are risks associated with the use of any medication.

The nature of these operations or procedures has been explained to me and I understand what will be done. I am aware that the practice of veterinary medicine is not an exact science and, thus, there are no guarantees for successful treatment. I have been encouraged and given the opportunity to discuss any questions I may have regarding my pet's medical care and my questions have been answered to my satisfaction. I accept that my financial obligations remain regardless of the outcome.

I have read and understand this authorization and hereby accept and agree to the terms of the consent for treatment.

Signed: \_\_\_\_\_  
INVENTORY HKVC

Best phone number to reach you at today: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_