



Andover Animal Hospital
233 Lowell Street, Andover, MA 01810
(978) 475-3600

Date:
Client Name:
Patient Name:
Client #:
Procedure(s):

Please list the telephone number where we may reach you today:

Exotic Surgical Consent Form

1. Post-Operative Pain Medication:

We make all surgical procedures as pain-free as possible. Pain medication is used with every procedure and aids in a more comfortable and swifter recovery. For most surgical procedures we will send home pain medication for you to give your pet at home.

I understand I will be receiving pain medicine(s) to give my pet at home.
I do not want my pet to have additional post-operative pain medication.

3. Dental Procedures:

For patients having a dental procedure performed, I understand that extractions may be necessary at an additional cost.

4. Emergencies:

I hereby authorize treatment up to and including chest compressions, medications, and artificial respiration in the case of an unforeseen emergency. I understand that these interventions can be costly and outcome is not guaranteed. If the hospital staff is unable to reach me, and the doctors' medical judgment determines that there is no hope for success, I understand the staff will discontinue resuscitation.

Do Not Resuscitate my pet (DNR). I wish to be notified prior to treatment of an unforeseen emergency. I understand that the delay in treatment could result in serious complications, including death.

5. Fluid Administration During Surgery:

SQ Fluids: recommended for all exotics going under anesthesia. In rare cases, a doctor may request IV fluids to be done during surgery.

6. I hereby give my consent and authorize the use of general anesthesia on my pet, I understand that, although available anesthetics are safer than in the past, there are still possible reactions, allergic and other sensitivities, that may result in complications including death of the patient. These reactions are uncommon, but still occur in a small percentage of patients.

I understand my pet is not supervised 24/7.

Signature of Owner or Authorized Agent