



ROUND OF A PAWS PATIENT CONSENT FORM

RIVER VALLEY BLVD, LANCASTER,
OH 43130

WWW.ROUNDOPAWWS.ORG
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(614) 398-2742

DROP OFF: 9:00AM–9:30 AM | PICKUP: 5:00 PM

**NO FOOD AFTER MIDNIGHT THE NIGHT BEFORE SURGERY

PROOF OF RABIES IS REQUIRED AT DROP OFF. IF NOT PROVIDED, AN ADDITIONAL \$12 WILL BE ADDED TO TODAY'S TOTAL AND RABIES
WILL BE ADMINISTERED.

OWNER (FIRST, LAST) :

ADDRESS:

EMAIL:

PHONE

PET NAME:

AGE:

SEX: _____ MALE _____ FEMALE

COLOR:

SPECIES: _____ DOG _____ CAT

PAST LITTERS: ___ YES ___ NO

ADDITIONAL SERVICES:

_____ \$12 RABIES _____ \$10 PAIN MEDICATION _____ \$75 MICROCHIP

E-COLLAR: _____ \$10 HARD PLASTIC _____ \$16 SOFT CLOTH

ROUND OF A PAWS CONSENT

I, AS THE ABOVE PET'S OWNER AND BEING OVER THE AGE OF 18 YEARS AM AUTHORIZING THE FOLLOWING PROCEDURE(S):
PLEASE CHECK EACH STATEMENT BELOW: (ALL ARE REQUIRED)

- PHYSICAL EXAMINATION WILL ENABLE US TO ASSESS AND MINIMIZE THE RISKS ASSOCIATED WITH ANESTHESIA FOR YOUR PET.
- PREPARATION – THE SKIN AROUND THE SURGICAL SITE WILL BE SHAVED AND SCRUBBED WITH AN ANTISEPTIC. WE FOLLOW STERILE PROCEDURES (SURGICAL PREP, SURGICAL PACKS, AND SURGICAL ATTIRE).
- MONITORING – WE FURTHER MINIMIZE RISK BY MONITORING HEART RATE AND RHYTHM, RESPIRATION RATE AND QUALITY, OXYGENATION, AND DEPTH OF ANESTHESIA DURING THE PROCEDURE. WE HAVE LICENSED TECHNICIANS MONITORING.
- PAIN MANAGEMENT – WE ARE PROACTIVE WITH APPROPRIATE PRE–OP, INTRA–OP, AND POST–OP PAIN MANAGEMENT MEDICATIONS.
- FLUID THERAPY– IV CATHETER OR SUBCUTANEOUS FLUIDS AS THE DOCTOR DEEMS NECESSARY, TO SUPPORT KIDNEY FUNCTION AND BLOOD PRESSURE DURING ANESTHESIA.
- IV CATHETER DOES LEAVE A SMALL, SHAVED SPOT ON A LEG. INITIAL FOR CONSENT TO SHAVE A SPOT FOR CATHETER
- I AUTHORIZE ANESTHESIA/SURGERY FOR MY PET. THE RISKS OF THIS PROCEDURE HAVE BEEN EXPLAINED TO ME. I UNDERSTAND THAT SOME RISKS ALWAYS EXIST WITH ANESTHESIA AND/OR SURGERY, AND I AM ENCOURAGED TO DISCUSS ANY CONCERNS I HAVE ABOUT THOSE RISKS WITH THE STAFF BEFORE THE PROCEDURE(S) ARE INITIATED. MY INITIALS ON THIS CONSENT FORM INDICATE THAT ANY QUESTIONS HAVE BEEN ANSWERED TO MY SATISFACTION.
- I AUTHORIZE ROUND OF A PAWS VETERINARY TO PERFORM ANY ADDITIONAL DIAGNOSTIC, TREATMENT, OR SURGICAL PROCEDURES DEEMED NECESSARY FOR MEDICAL OR SURGICAL COMPLICATIONS OR OTHERWISE UNFORESEEN CIRCUMSTANCES. WHILE ROUND OF A PAWS PROVIDES THE HIGHEST QUALITY OF ANESTHESIA MONITORING AND SURGICAL SERVICES, I UNDERSTAND THAT THERE ARE RARE COMPLICATIONS WITH ANY ANESTHETIC OR SURGICAL PROCEDURE. MY INITIALS ON THIS CONSENT FORM INDICATE THAT NO WARRANTY OR GUARANTEE HAS BEEN GIVEN TO ME AS TO THE RESULTS OR CURE AFFORDED BY THESE TREATMENTS OR PROCEDURES.
- I UNDERSTAND A SMALL GREEN TATTOO WILL BE PLACED NEXT TO THE INCISION SITE, INDICATING MY PET HAS BEEN SPAYED OR NEUTERED.

MY INITIALS ON THIS CONSENT FORM INDICATE THAT I FULLY UNDERSTAND THESE RISKS AND UNDERSTAND THAT THE VETERINARIANS AND HOSPITAL STAFF WILL TRY TO MINIMIZE SUCH RISKS. I WILL NOT HOLD ROUND OF A PAWS VETERINARY CLINIC, THE VETERINARIANS, OR ANY STAFF MEMBER LIABLE FOR ANY COMPLICATIONS THAT MAY ARISE. _____

I HAVE READ AND UNDERSTAND THIS AUTHORIZATION AND CONSENT

PRINTED NAME

DATE

SIGNATURE