



Castillo Animal Veterinary

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Anesthesia/Surgery/Blood work Consent Form (2/5)

I understand there are medical risks involved with anesthesia/surgery, included but not limited to infection, hemorrhage, allergic reaction, anesthetic drug reactions, anesthesia-induced cardiac/respiratory arrest, and death.

I understand that Castillo Animal Veterinary will perform a physical exam the day of the surgery but **not** a comprehensive cardiac evaluation, blood work and other diagnostic tests prior to the procedure- unless previous arrangements for specific testing have been made.

I further understand that the risk of anesthesia/surgery is increased if my companion animal has pre-existing conditions, is on long term medications and/or not current on vaccinations.

I understand that after performed a physical exam the Veterinarian may recommend to postpone surgery until other medical conditions are stabilized or treated prior to undergoing anesthesia/surgery.

I hereby release Castillo Animal Veterinary Corporation, all veterinarians, assistants, technicians, volunteers, directors and all employees from any problems experienced by my animal companion as a result of the above-described risk factors, anesthesia and surgical procedure.

If in the course of anesthesia/surgery a condition is discovered that patient additional procedure, such as hernia repair, placement of IV catheter and/or administration of IV fluids, administration of emergency drugs, among other procedures, the attending Veterinarian may, in his/her absolute discretion, perform such procedure(s). I consent to these procedures and agree to pay reasonable additional charges if any.

In the event of an emergency or complications during the procedure, I authorize Castillo Animal Veterinary to take any necessary measures to ensure the well-being of my companion animal. Castillo Animal Veterinary will contact me and, if needed, transfer my companion animal to the nearest emergency veterinary clinic for further evaluation and treatment. I understand that I will be responsible for any additional costs incurred during emergency care.

I agree that I will be available by phone the day of the procedure. If a situation arises and I cannot be reached at the phone number below, I authorize the veterinarian to use his/her discretion and clinical judgment as to how to proceed with the best interest of my companion animal. I understand that Castillo Animal Veterinary staff may not leave a message, and that I have to be available by phone during the day of the procedure. The best **PHONE NUMBER** to call me is:

I understand that there will be a cost associated with the procedure, including any pre-anesthetic testing and potential additional fees. The detailed breakdown of costs and payment methods are outlined in the estimate provided by Castillo Animal Veterinary. I understand that a 77-dollar deposit is required to secure an appointment. Payment of the rest is due at _____ the _____ time _____ of _____ service.

I agree that I will be financially responsible for any post-operative medical treatment relating to this procedure or any other unrelated medical conditions my companion animal may have.

I acknowledge that proper post-operative care is crucial for the successful recovery of my companion animal. Castillo Animal Veterinary will provide detailed instructions for wound care, medication administration, and any necessary activity restrictions. I understand the importance of follow-up visits for suture removal or re-evaluation and agree to comply with the aftercare instructions provided.

Any animal going under anesthesia should have blood work done. Although is not mandatory, it is highly recommended that your companion animal have a preoperative blood test. This preoperative blood test is to ensure your companion animal is healthy enough for anesthesia and surgery.

The preoperative blood test is done for these main reasons:

- To detect any hidden illness that cannot be determined with only a physical examination, for example liver and kidney disease.
- To reduce risk by adjusting the needed anesthesia protocol that is best suited.
- To detect low red blood cell count, dehydration, cells suggesting infections, etc.

Once the preoperative blood test is done the veterinarian will review the results and if there are any abnormalities it will be further discussed. If everything is within normal limits the scheduled procedure will be performed.

PLEASE ONLY CHECK OFF AND INITIAL ONE OPTION LISTED BELOW:

- I will make an appointment to bring my companion animal to Castillo Animal Veterinary to get blood work done before the procedure. Initial: _____
- I authorize to have blood work done on my companion animal during anesthesia/procedure and I understand that it will **not** be used to decide whether or not to continue with surgery for my companion animal the day of the procedure. I understand I will receive the results of this bloodwork 1-3 day(s) after procedure and that it could be useful in case of a post-operative complication. I agree to pay the cost of bloodwork of \$_____ Initial: _____
- I decline the recommended blood work and understand that surgery is considered a higher risk without the preoperative blood work. Initial: _____

I, the undersigned, have read and understand this entire page and authorize Castillo Animal Veterinary to anesthetize, surgically sterilize, and provide other related medical care or procedure to _____/_____ (**Animal Name/species**). I agree to pay according to the fee schedule set up by Castillo Animal Veterinary that will perform the procedure.

I understand and agree that I will be responsible for paying the late fee of \$75.00 if I do not pick up my animal by _____.

Signature of guardian/owner

Date: _____