

Insert Clinic Logo

## Anaesthesia Consent Form- No Dedicated Veterinary Professional Monitoring Anaesthesia

Date	
Owner	
Animal Name	
Animal Species	

- ☐ I understand that my animal (described above) will be undergoing general anesthesia.
- ☐ I understand that optimal care would include a dedicated veterinary professional be present to monitor anesthesia while treatment is provided by the veterinarian.
- ☐ I understand that a dedicated veterinary professional **WILL NOT** be present to monitor anesthesia while treatment is provided by the veterinarian.
- ☐ I understand that the veterinarian providing treatment to my animal will also monitor anesthesia.
- ☐ I understand that this carries increased risk including but not limited to:  
Delayed recognition of complications  
Challenges responding to anesthetic emergencies  
Lower level of anaesthetic monitoring  
Increased risk of complications including death
- ☐ With this knowledge and understanding, I consent to my animal undergoing general anesthesia without a dedicated veterinary professional to monitor anesthesia.

Exceptional circumstance that this procedure is being performed without a dedicated veterinary professional monitoring anaesthesia:

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Client Signature

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Date