

# PRE-ANESTHETIC BLOOD & SERVICES AUTHORIZATION FORM

PLEASE READ CAREFULLY.

DATE: \_\_\_\_\_ PATIENT: \_\_\_\_\_ OWNER: \_\_\_\_\_

Our greatest concern is the well being of your pet. Before putting your pet under anesthesia, we routinely perform a full physical examination.

Our doctors always recommend, and often times require, that a **Blood work Analysis** be performed on any pets undergoing anesthesia to maximize patient safety.

Please indicate desired test:

## BLOOD WORK:

- Pre-Anesthetic Screen:** \$ 27  
Complete blood count & total protein  
(Assesses anemia, infection, clotting disorders, tick diseases)
- Comprehensive Profile:** \$47  
BUN and Creatinine (Kidney), ALKP and ALT (Liver),  
Glucose (Sugar), Total Protein  
(Dehydration), and Electrolytes (Imbalance).
- Comprehensive and Complete Blood Count:** \$63  
The "complete picture of your pet's health." Ideal for all patients.  
Required on animals older than 6 years.
- Owner Elects to Decline** the recommended pre-anesthetic blood tests at this time, but requests that we go forth with the procedure. (MUST INITIAL) \_\_\_\_\_

## PAIN MANAGEMENT:

While undergoing surgery your pet will receive a pain management injection that will last 24 hours. Additional pain medication can effectively control your pet's discomfort during the recovery at home and may speed your pet's recovery. Surgeries such as spays, feline declaws, dental extractions, bone surgeries and other similar surgeries are extremely painful to your pet and pain medication is strongly suggested.

- Please send home pain medication at discharge
- I decline pain medication at this time

## CONVENIENT SERVICES:

While your pet is under anesthesia, it may be convenient to update vaccines or perform common aesthetic or uncomfortable services.

- Update my pet's annual vaccine \$18
- Update my pet's rabies vaccine \$10/one year OR \$19/three years (circle)
- Toe Nail Trim (discounted with surgery) \$5
- Anal Gland express \$12
- Heartworm Test canine \$23
- Sanitary Clip my pet's rear \$9.75
- Microchip my pet \$23
- Clean my canine's ears \$14
- Clean & treat my feline's ears if mites are found present \$7.50
- Feline Leukemia & FIV (AIDS) Test \$35
- Tumor/Skin tag removal \$Prices vary, discuss with doctor

I understand if my pet has fleas I will be charged an additional \$5 to treat my pet to maintain the surgical sterilization as well as the health of other admitted patients.

# SURGICAL & ANESTHESIA CONSENT AND RELEASE FORM

PLEASE READ CAREFULLY.

## HOSPITALIZATION & SURGICAL INFORMATION

**Preparation** – The hair around the surgical area will be clipped and skin scrubbed with an antiseptic. We follow sterile procedures, taking every precaution to prevent infection to your pet. No surgery is typical. Unforeseen complications may arise in the healthiest of patients. Although extremely unlikely, the risk of bleeding, infection, swollen surgery site, fever, diarrhea, and death are associated with anesthesia.

**Anesthesia** – Pre-surgical blood work and physical examination will enable us to assess and minimize the risks of anesthesia for your pet. The anesthesia used will be either injectable form, inhalant form, or a combination of both.

**Pain management** – Animals perceive pain in a similar way to humans, through the nervous system. We will proactively manage pain associated with any procedure with appropriate pain management medications. This medication will not remain effective once home. Our doctors always advise that pain management medication be taken home after any surgical procedure.

## AUTHORIZATION & RISK ASSESSMENT

I am the owner/authorized agent of the animal identified above. I am 18 years of age or older, and I have the authority to give this authorization and do so voluntarily, having been advised of potential risks associated with this procedure.

I understand that unforeseen conditions may be revealed during the elected procedures. I understand my pet may require more extensive efforts, or additional/different procedures or treatments that must be performed to stabilize, maintain, or otherwise aid in the safety of my pet during elected procedure. I understand that an attempt will be made to contact me to explain these procedures and treatments and obtain my instructions regarding them. However, **if these efforts are unsuccessful**, I authorize the performance of any procedures or treatments which are necessary in the professional opinion of the attending veterinarian, and I am fully financially responsible for such efforts.

I have been encouraged to discuss any questions or concerns with my veterinarian or staff before such procedures are initiated. My signature on this consent form indicates that any questions or concerns have been addressed to my satisfaction.

- I have not given my pet any food or water after Midnight of the night before the procedure. I understand how important this is for anesthesia safety. (MUST CHECK)

Owner/Authorized Agent Signature \_\_\_\_\_

Phone # you can be reached today \_\_\_\_\_

IF YOU DO NOT RECEIVE A CALL FROM US TODAY, KNOW THAT YOUR PET HAS RECOVERED TYPICALLY FROM THEIR PROCEDURE WITHOUT COMPLICATIONS, AND MAY BE PICKED UP AT TIME DISCUSSED. **PLEASE DO NOT CALL OUR OFFICE FOR AN UPDATE ON THE PROGRESS OF YOUR PET, ANY NECESSARY INFORMATION WILL BE COMMUNICATED TO YOU AT THE TIME OF YOUR PET'S DISCHARGE.**