

# PRE-ANESTHETIC BLOOD & SERVICES AUTHORIZATION FORM

PLEASE READ CAREFULLY.

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

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 sometimes require, **pre-anesthetic bloodwork** be performed on all pets undergoing anesthesia to maximize patient safety. Below are general guidelines on the best selection for your pet:

## BLOODWORK:

Choose one of the three options as it applies to your pet:

- |  |   |   |
|--|---|---|
| Pet Less than one year:  | Surgery or Dental with extractions  | Radiographs, Dental w/o extractions, or other anesthetic procedures                                     |
| <input type="checkbox"/> <b>Complete Blood Count (CBC): \$29.70</b><br>Assesses anemia, infection & clotting | <input type="checkbox"/> <b>CBC &amp; Comprehensive profile: \$83.50</b><br>Complete picture of your pet's health | <input type="checkbox"/> <b>Comprehensive Profile: \$57.70</b><br>Electrolytes, protein, organ function |

- Owner Elects to Decline the recommended pre-anesthetic blood tests at this time, but requests that we go forth with the procedure.

## PAIN MANAGEMENT:

While undergoing surgery your pet will receive a pain 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 with my pet
- 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.

- |  |                                 |                     |
|--|---------------------------------|---------------------|
| <input type="checkbox"/> Update my pet's annual core vaccines: (Circle)    | \$21 Canine                     | \$19.75 Feline      |
| <input type="checkbox"/> Update my pet's rabies vaccine: (Circle)          | \$12.50/ one year               | OR \$19/ three year |
| <input type="checkbox"/> Toe Nail Trim (discount with surgery)             | \$5                             |                     |
| <input type="checkbox"/> Anal Gland express                                | \$13.50                         |                     |
| <input type="checkbox"/> Heartworm Test for dogs                           | \$24                            |                     |
| <input type="checkbox"/> Sanitary Clip my pet's rear                       | \$11.50                         |                     |
| <input type="checkbox"/> Microchip my pet                                  | \$19                            |                     |
| <input type="checkbox"/> Clean & treat my feline's ears if mites are found | \$11                            |                     |
| <input type="checkbox"/> Feline Leukemia and FIV test                      | \$31                            |                     |
| <input type="checkbox"/> Skin tag/Tumor removal                            | \$Prices vary, discuss with Dr. |                     |

### \*OWNER IS RESPONSIBLE FOR FLEA TREATMENT CHARGE IF FLEAS ARE PRESENT AT THE TIME OF SERVICE\*

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

# SURGICAL & ANESTHESIA CONSENT AND RELEASE FORM

PLEASE READ CAREFULLY.

## Hospitalization/Surgical Information

**Preparation**—The hair around the surgical area will be clipped and the skin scrubbed with an antiseptic. We follow sterile procedures taking every precaution to prevent infection to your pet.

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

**Monitoring**—We further minimize anesthetic risk by monitoring heart rate, respiration rate and quality, oxygenation, and depth of anesthesia during the procedure.

**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 strongly advise in any surgical procedure that pain management medications be taken home.

## Authorization and Risk Assessment

I authorize anesthesia/surgery for my pet. The nature and 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 my veterinarian before the procedure(s) are initiated. My signature on this consent form indicates that any questions have been answered to my satisfaction.

I authorize Animal Clinic of Ava to perform any additional diagnostic, treatment or surgical procedure(s) deemed necessary for medical or surgical complications or otherwise unforeseen circumstances at my own expense. While Animal Clinic of Ava provides high quality of anesthesia monitoring and surgical services, I understand that there are rare complications associated with any anesthetic or surgical procedure. No warranty or guarantee has been given to me as to the results or cure afforded by these treatments or procedures.

I fully understand these risks and understand that the veterinarians and hospital staff will try to minimize such risks. I will not hold Animal Clinic of Ava, the veterinarians, or any staff member liable for any complications that may arise.

## I HAVE READ AND FULLY UNDERSTAND THIS SURGERY AND ANESTHESIA CONSENT FORM.

I have not given my pet any food or water after Midnight of the night before the procedure, unless otherwise advised by my doctor. I understand that this is important for anesthesia safety.

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

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

Date: \_\_\_\_\_