



**PRE-ANESTHESIA BLOOD TESTS FOR SURGERY & DENTAL PATIENTS**

Your pet is here today for a procedure requiring anesthesia. Before we administer anesthesia, your pet will have a complete physical examination including baseline blood tests (PCV-TP-TS). We also recommend a pre-operative \*Blood Profile\* to check organ function of the liver and kidneys. This test helps to insure your pet is in a low-risk category during anesthesia by ruling out pre-existing internal problems that may not be physically evident but could possibly lead to complications. There is an additional fee for the \*Blood Profile\* **\*\*We REQUIRE pets over 7 years old to have Blood Profiles performed prior to the scheduled day of the procedure.**

PLEASE SELECT THE OPTION YOU PREFER:

- \_\_\_\_\_ YES – Please perform any of the pre-operative blood tests you recommend.
- \_\_\_\_\_ NO – My pet is under 7 years old. I decline the additional pre-operative blood testing you recommend, but please perform the procedure.
- \_\_\_\_\_ NO – My pet has had a chemistry panel within the past 30 days.

**LASER SURGERY**

The Animal Hospital uses a CO2 surgical laser for all surgical procedures except feline neuters. Laser surgery is optional for feline neuters. Benefits of using a surgical laser include: less pain, less swelling, less bleeding, and quicker recovery. We are pleased to offer the same technology used in human medicine for your special pet.

**PRE-ANESTHETIC PREPARATION**

Please don't be alarmed when you pick up your pet and see a small shaved area. To facilitate placement of intravenous catheters or cardiac monitoring devices, it may be necessary to shave small areas of hair on the limbs and tail of your pet.

**PAIN MANAGEMENT PROTOCOL**

The Animal Hospital has adopted a pain management protocol for all surgery and dental patients. Pre-emptive analgesic medications are given before the procedure, and in some cases, post-procedure pain medications will be given and/or sent home with your pet. This protocol will help alleviate any pain from the procedure and help speed your pet's recovery. **There is an additional fee for pain medication dispensed for use at home.**

**DENTAL EXTRACTIONS**

During a pet's dental procedure, tooth extraction or repair may be necessary due to advanced periodontal disease or severe damage to a tooth. If an extraction is deemed medically necessary, the doctor will try to call you. However, if you cannot be reached, the damaged tooth or teeth will be extracted while your pet is still under anesthesia.

**MICROCHIP IDENTIFICATION**

We can implant a microchip in your pet today for an ID that can't get lost. There is an additional fee for microchip implantation. Would you like a pet microchip today? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**BITING ANIMALS:** Animals brought to The Animal Hospital for treatment enter an environment where the presence, smells, and sounds of other animals may cause over-stimulation or defensive behaviors. Additionally, some procedures may be uncomfortable. If you think your pet may try to bite during an examination or procedure, please inform our staff. If a pet attempts to bite, we will gently muzzle your pet to protect our staff from bites. PLEASE BE AWARE THAT STATE LAW MANDATES THAT ANY ANIMAL THAT BITES A HUMAN OR ANOTHER ANIMAL MUST BE REPORTED TO ANIMAL CONTROL.

**Please initial one option:** If my pet experiences a cardiac arrest during hospitalization, I authorize resuscitation \_\_\_\_\_ OR I do not authorize resuscitation (DNR) \_\_\_\_\_.



>> I hereby certify that I have read and fully understand this authorization for treatment. I also assume financial responsibility for all the charges incurred to the above patient and agree to pay for all such charges at the time I pick up my pet.

>> I understand that a pre-procedure deposit of up to half the estimate for services may be required depending on my pet's treatment and circumstances.

>> I further understand that in the event of an emergency, my pet will have emergency treatment provided at my cost and the attending veterinarian will contact me as soon as possible regarding further treatment options.

>> I further understand that any treatment, especially one involving anesthesia, presents risks and that no guarantee of successful treatment has been made.

I will pay for today's services with  Visa  Mastercard  American Express  Discover  
 Cash  Check  Care Credit

YOUR NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

PHONE # WHERE YOU CAN BE REACHED TODAY: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_