

MAJOR AND ORTHOPEDIC SURGERY CONSENT FORM

Client's Name: _____ Pet's Name: _____

Surgery: _____ Date of procedure: _____/_____/_____

Owner responsibility:

- I understand that home care administered by myself or a designated caretaker may be required to achieve best overall success. It is my responsibility to notify A-Plus Animal Hospital before altering the doctor's recommendations. I understand that changes, supplementation, or alteration of any prescriptions may possibly result in an unfavorable or detrimental side effect with medical complications. Home care instructions will be provided at the time of the pet's discharge.

Please initial _____

Hospital and Procedural Information:

- Anesthesia: Pre-surgical blood tests and physical examination will enable to assess and minimize the risk of anesthesia to your pet.
- Monitoring: To minimize anesthetic risk, we monitor the heart, respiration rates, and oxygenation.
- Catheterization: For sterility, hair will be shaved over a vein on the leg so that an intravenous catheter (I.V.) can be placed. Blood pressure may lower during anesthetic procedures and fluid therapy aids in supporting your pet's internal organ systems. Catheterization also allows immediate access to the vascular system in case of an emergency.
- Pain Management and antibiotics may be needed for your pet depending on the surgical/treatment procedure. The doctors will administer pain medications and antibiotics accordingly to your pet's needs.

Patient Information:

Yes No

() () Did your pet eat this morning?

() () Has your pet had any vomiting, diarrhea or coughing within 20 days?

() () Has your pet ever had seizures?

() () Should your pet go into cardiac arrest, do you wish CPR to be administered?

() () Is your pet allergic to any medications, anesthetics or vaccines?

If so, please List: _____

() () Is your pet presently on medication(s) including aspirin?

If so, please List: _____

Should unexpected life-saving emergency care be required and the hospital staff:

Please note that there will be an additional fee of \$20 if your pet is not picked up on time. A hospital staff member will discuss a release day and time for your pet's procedure. Our hours of operation are listed at the end of the consent form.

_____, I, have been informed of the above additional fees which may incur and that I am responsible for payment upon discharge of my pet.

HomeAgain® Microchipping

HomeAgain® is an advanced pet identification and retrieval system. This permanent microchip, with a unique identification code, is implanted under the skin between the shoulders of the pet. The microchip is about the size of a grain of rice and you cannot see the microchip after it is implanted in your pet. HomeAgain® maintains a national database and that is available 24-hours daily, 365 days a year. Your pet is enrolled in the HomeAgain® Recovery Service by one of our staff members which is included in the fee listed below.

The microchip, implant, and first year annual membership fee is \$39.99.

_____ Yes, I authorize the veterinarian to implant my pet today with a HomeAgain® Microchip.

_____ No, I am declining the implant of the HomeAgain® Microchip.

Authorization:

I HAVE READ AND FULLY UNDERSTAND THIS MEDICAL TREATMENT/SURGERY AND ANESTHESIA CONSENT FORM.

I authorize anesthesia and dentistry/treatment/surgery for my pet, as described above. The nature and risks of this procedure have been explained to me. I understand that some risks always exist with anesthesia, dentistry and/or surgery, and I am encouraged to discuss any concerns I have about those risks with the hospital’s medical staff before the procedure(s) is/are initiated. Additionally, I authorize A Plus Animal Hospital to perform any diagnostic, medical treatment, dentistry, or surgical procedure as deemed necessary for any unforeseen medical or surgical complications if one should arise. While I accept that all procedure will be performed to the best of the abilities of the staff at this hospital, I understand that veterinary medicine is not an exact science and that no guarantee or warranty has been made regarding the results that may be achieved. A Plus Animal Hospital treats cases based on evidence-based medicine and I completely understand the possibility of unforeseen complications that may occur during any associated anesthetic, dentistry or surgical procedure. I fully acknowledge and understand these medical risks. I recognize that the veterinarians and hospital staff will do all that is necessary to minimize such risks. I will not hold A Plus Animal Hospital, the veterinarians, or any hospital staff member liable for any complications that may or should arise in my pet’s medical treatment and care.

I hereby certify that I am over 18 years of age and I have the legal authority to make decisions concerning this animal and am in a position to be bound legally under applicable Nevada and United States laws. My signature on this Dental/Treatment/Surgical Consent Form indicates that any and all questions have been answered to my satisfaction and approval.

After your pet's surgery/treatment would you like a hospital staff member to call you with your pet’s status?

() Yes () No Contact Name: _____ Phone #: _____

Signature of pet owner or agent

Print Name

Date

Hospital office hours are Monday – Friday 7:30 am to 6:00 pm and Saturdays 9:00 am to 3:00 pm.