

SURGERY (VOUCHER ASSISTANTANCE) CONSENT FORM

Owner Name: _____

Animal Name: _____

Surgery(s) or Procedure(s): _____

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.

Hospital and Procedural Information:

- Anesthesia: Pre-surgical blood tests (optional service listed below) and physical examination will enable us to assess and minimize the risk of anesthesia to your pet.
- Monitoring: To minimize anesthetic risk, we monitor the heart, respiration rates, and oxygenation.

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: _____

Pre-Anesthesia Blood Screening:

Before your pet is anesthetized, the doctors will perform pre-anesthetic screening to help identify potential underlying health issues that may influence the anesthetic protocol. Blood screening also establishes a baseline of values in case future medical conditions should arise. The blood screening will be based on the categories below for your pet's age group or on your pet's health status following the doctor's examination. Please initial your choice below.

Profile 1 Healthy pets younger than 2 years:

\$51.00

Complete blood count (assess anemia, infection, clotting), ALB (protein), ALKP (liver), ALT (liver and muscle), Bun (kidney), CREA (kidney), Glucose (blood sugar), TP (hydration), Na (sodium-electrolyte), K (potassium-electrolyte), and Cl (chloride-electrolyte).

Profile 2 Healthy pets 2 to 7 years old:

\$66.00

Includes all test in Chem 10, plus; Calcium (organ function), Cholesterol (organ function), GGT (liver), PHOS (organ function), and TBIL (organ function).

Profile 3 Healthy pets 7 years or older or those with questionable health status:

\$89.00

Includes all test in Chem 10 and Chem 15, plus; AMYL (pancreas and kidney) and LIPA (pancreas).

I am declining the recommended pre-anesthetic blood screening and request that you proceed with anesthesia. I fully understand that anesthesia and surgery always carry a potential risk.

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 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.

Additional Fee Notice:

Additional fees may apply if your pet is in heat, pregnant or has undescended testicles. These additional fees are as follows: In heat \$29.00, pregnant \$29.00, undescended testicles range from \$39.00 to \$89.00.

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

Intravenous Catheter and Fluids

The doctors recommend that an intravenous (I.V.) catheter is placed and I.V. fluids be administered for your pet throughout the anesthetic procedure. This allows the doctor to support your pet's blood pressure and for immediate administration of necessary emergency and non-emergency I.V. drugs and pain medications.

An additional charge of \$31.00 will be added, please initial your choice. _____ Accept or _____ Decline

Pain Management:

The doctors administer pain medication prior to surgical procedures. However, some pets may benefit from additional pain medication at home. Would you like to have additional pain medication prescribed for your pet?

Additional cost for pain medication varies from \$15.00 to \$45.00 and is dependent upon each patient.

_____ **Accept or _____ Decline.**

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

Please note that there will be an additional fee of \$20.00 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 below.

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

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