

SURGERY/MEDICAL CONSENT FORM

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

Surgery/Procedure: _____ 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 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 at an additional fee ranging from \$15.00 to \$45.00. The doctors will administer pain medications and antibiotics accordingly to your pet's needs.

(Please initial) _____

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 the doctors to administer CPR?
() () 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 recommend 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.

- _____ **Profile 1** Healthy pets younger than 2 years:
\$46.00 Complete blood count (assess anemia, infection, clotting), Creatinine (kidney), Bun (kidney), ALKP (liver), ALT (liver), Glucose (sugar), TP (hydration), Sodium, Potassium, and Chloride.
- _____ **Profile 2** Healthy pets 2 to 7 years old:
\$55.00 Includes all test in Profile 1, plus; Calcium
- _____ **Profile 3** Healthy pets 7 years or older or those with questionable health status:
\$83.00 Includes all test in Profiles 1 and 2, plus; ALB (protein), Amylase (pancreas), Bilirubin (liver), Phosphorus (kidney), and Cholesterol.

_____ 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.

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 A Plus Animal Hospital provides the highest quality of anesthesia monitoring, dentistry and surgical services, 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 hold harmless 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.

No warranty or guarantee has been offered or given to me as to the results or cure afforded by these treatments or procedures. A Plus Animal Hospital treats cases based on evidence-based medicine. 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.

Signature of pet owner or agent

Print Name

Date

Phone numbers where I can be reached today:

1st #: _____, 2nd #: _____, 3rd #: _____

I **cannot** be reached by phone during these times: _____

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