

## Authorization for Anesthetic Procedure(s) and/or Surgery

Client's Name: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Circle all that apply: Dog          Cat          Male          Female          Spayed          Neutered

Anesthetic and medical or surgical procedure(s) to be performed:

I, the undersigned owner or agent of the owner of the pet identified above, certify that **I am** eighteen years of age or over and authorize the veterinarian(s) at this practice to perform the above procedure(s). I understand that some risks, up to and including death, always exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure(s) is/are initiated. My signature on this form indicates that any questions I have regarding the following issues have been answered to my satisfaction:

- The reasonable medical and/or surgical treatment options for my pet
- Sufficient details of the procedures to understand what will be performed
  - How fully my pet will recover and how long it will take
  - The most common and serious complications
  - The length and type of follow-up care and home restraint required
  - The estimate of the fees for all services
  - Any necessary payment arrangements

While I accept that all procedures 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. Should unexpected life-saving emergency care be required and the hospital staff is unable to reach me, the staff has my permission to provide such treatment and I agree to pay for such services. I will not hold Smith & Shedd Family Pet Hospital, it's veterinarians, or any other team member liable for any complication that may arise.

In the event my pet is hospitalized beyond the first day at this facility, I understand that veterinary care during nighttime hours and/or weekends is provided at the discretion of the attending veterinarian. Continuous presence of personnel may not be provided during these hours. If I desire that my pet have supervision when this facility is closed, I elect to **a)** \_\_\_\_\_ pick up my pet and provide such care in my home, in which case I accept all risks of adverse effects or **b)** \_\_\_\_\_ have him/her transferred to a local emergency clinic where overnight veterinary supervision is available at my expense (**initial one**).

I accept that veterinary medicine is an inexact science and that no guarantee of successful treatment has been made. I have read and understand the nature of the above procedures and give my consent to proceed.

The **best phone number**(s) to contact me today is: \_\_\_\_\_

**Signature of Owner or Authorized Agent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Additional Information Regarding Your Pet's Anesthetic Procedure(s) and/or Surgery

Is your pet eating and drinking okay? **Yes/No**

Has your pet ever had an adverse reaction to anesthesia? **Yes/No**

Was food withheld last night? **Yes/No**

If your pet is on medication, **what type?** \_\_\_\_\_ **Last Given** \_\_\_\_\_

Are there any other problems with your pet? **Yes/No** **Description** \_\_\_\_\_

For the utmost safety and comfort of your pet, we include the following in our surgeries:

**Pre-anesthetic Blood Safety Screen** – Our on-site laboratory lets us screen for hidden problems before your pet's treatment begins. These tests also provide a baseline for monitoring your pet during surgery, and can indicate chemical imbalances that could affect your pet under anesthesia.

**Anesthesia** - Smith and Shedd Family Pet Hospital uses the same safe Isoflurane gas that is often used in human medicine. Isoflurane is primarily eliminated through the respiratory tract rather than through the kidneys or liver. This reduces the risk associated with anesthesia and allows for a quick recovery.

**Monitoring** – Your pet's blood pressure, temperature, heart rate and rhythm, respiration, oxygen levels, and carbon dioxide levels, are closely monitored using state-of-the-art equipment. We use a range of techniques and equipment to help maintain your pet's body temperature while under anesthesia.

**Intravenous catheter with fluids** – Administration of intravenous fluids helps your patient recover more quickly from anesthesia, maintains blood pressure, and increases circulation during anesthesia. The intravenous catheter is also used to administer medications if needed.

**Analgesia** – Your pet's comfort is important to us. We proactively control discomfort associated with any procedure or surgery. In other words, we give the analgesic medication before the procedure is performed. We use at least two types of drugs to control discomfort.

**Although not required, we recommend the following tests to reduce the risks of any anesthetic, surgical, or medical complications:**

**Pre-surgical Coagulation (clotting) Test** Helps to identify conditions that may result in excessive/profuse bleeding (lack of clotting factor)

**Regular Cost: \$48.20**

**Discounted Cost: \$32.29**

I consent to have this procedure performed – please initial **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**EKG (Electrocardiogram screening)** Checks for electrical abnormalities in the heart (heart disease).

**Regular Cost: \$40.55**

**Discounted Cost: \$27.17**

I consent to have this procedure performed – please initial **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

## Additional Services

**Large breed dogs often suffer from a painful and disabling condition called hip dysplasia. Once diagnosed, medications, physical activities or surgeries can be prescribed or performed to improve your pet's comfort level. We are able to screen for this condition while your pet is under anesthesia. If you consent, a pelvic examination, manipulation and radiographs will be performed on your pet.**

The cost of the procedure is \$145.00

I consent to have this procedure performed – please initial **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**Small breed pets often suffer from retained deciduate (baby) teeth after their adult teeth grow in. This condition creates overcrowding of teeth, retention of food or other debris between the teeth, and tartar buildup. This, in turn, leads to bad breath and damage to gums and adult teeth. We strongly recommend that these deciduate teeth be extracted while your pet is under anesthesia to avoid future complications.** The cost for this procedure varies based the number of teeth extracted but usually ranges from \$15.00-85.00

If my pet has this condition I consent to have this procedure performed – please initial **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**Microchipping pets involves inserting a tiny rice-like microchip under your pet's skin. This chip then holds your pet's identity for life. If your pet is ever lost and a local shelter or veterinary practice finds it, the law requires that all pets be scanned for a microchip before they are adopted out or euthanized.**

The cost for this procedure is \$48.40

I agree to have a microchip inserted – please initial **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

We feel that all pets are important. However, we prioritize patients based upon the severity of their condition. Emergencies and critical cases will be assessed and stabilized before non-emergencies. You will be contacted after your pet's procedure during the recovery process with an update and to schedule a discharge appointment. If the surgery has to be postponed for any reason, we will call you immediately. **If an adverse event with your pet has occurred, we will contact you immediately.**

**Parasite Policy:** Pets admitted to our facility must be free of internal and external parasites including intestinal worms, fleas, ticks, and mites. **All** pets will be treated with Capstar, an oral flea preventative that is safe to use, even if any other topical flea preventative has been given. If other parasites are discovered, your pet will immediately be quarantined, and you will be contacted for consent of treatment of said parasites. If treatment is declined, you are required to make immediate arrangements to have your pet removed from our facility. Treatment will be administered according to normal standards of veterinary care and these additional charges will be added to your bill, in the event you cannot be contacted within one hour of discovery of these parasites.

Capstar:  
\$4.85

**Initial:**  
\_\_\_\_\_

**Vaccination Policy:** In order to protect the health of your pet, all pets being admitted to Smith & Shedd Family Pet Hospital are required to be current on all vaccinations. It is your responsibility to provide current records of vaccinations. If any of your pets' vaccinations are past due, they must be inoculated upon admittance, and these additional charges will be added to your bill. Pets that are so young that they have not completed their entire series of vaccinations may not yet be protected and, thus, owners accept any risks of infection.

**Initial:**  
\_\_\_\_\_

**LIST OF REQUIRED VACCINATIONS:**

•**Dogs:** Rabies, Distemper/Parvo/Adenovirus/Leptospirosis. Bordetella within six months; intestinal parasite examination & heartworm test within one year.

•**Cats:** Rabies, Distemper, Rhinotracheitis, Calicivirus, Panleukopenia, Leukemia, and an intestinal parasite exam.