



LAKE CHATUGE ANIMAL HOSPITAL

SURGERY/DENTAL PROCEDURE ADMITTANCE & PRE-ANESTHETIC CONSENT FORM

PLEASE READ CAREFULLY AND SIGN OR INITIAL WHERE INDICATED

Date of Procedure(s): _____ Procedure(s): _____

Owner's Name: _____ Pet's Name: _____

1. Please complete the below pre-admission checklist.

YES NO

- Has your pet exhibited any recent vomiting, coughing, sneezing or diarrhea?
- Is your pet allergic to any drugs? If so, what? _____
- Has your pet had any accident or illness in the last 30 days?
- Is your pet currently on any medication. If so, what? _____
- Are there any other specific problems to be checked? If so, what? _____
- Is your pet receiving any dental hygiene products on a regular basis? If so, what? _____
- Are your pet's immunizations current?
- Update today? Rabies FELV PRC DHLPP Bordetella Influenza Other
- Is your pet on heartworm preventative? Which one? _____
- Update heartworm test today?
- If your cat has never been tested for Feline Leukemia, we recommend testing before vaccination. Do you request a FELV test?
- If your pet has not had a GI Parasite Test in the past 6 months, we recommend this procedure be performed today.

Laser surgery reduces post-operative pain, inflammation, bleeding and swelling. Are you interested in laser surgery for your pet?

Yes No _____(please initial)

2. Pre-Anesthetic Profile: We REQUIRE a pre-anesthetic blood profile on all pets 6 years of age or older to maximize patient safety and alert the Doctor to the presence of dehydration, anemia, infection, diabetes, and/or major organ disease, which could complicate your pet's procedure, thereby compromising your pet's health. These are conditions that may not be detected without a blood profile. We also require a pre-anesthetic ECG for all pets 6 years of age or older that can identify abnormal arrhythmias or other heart conditions which could complicate your pet's anesthesia and health. These tests will be completed prior to your pet's anesthesia.

Blood profile **REQUIRED** for pets 6 years of age and older _____(please initial)

ECG **REQUIRED** for pets 6 years of age and older _____(please initial)

For office use: _____(staff initial) NOT APPLICABLE: BLOODWORK WAS ALREADY PERFORMED ON _____

For office use: _____(staff initial) NOT APPLICABLE: ECG WAS ALREADY PERFORMED ON _____

We highly recommend pre-anesthetic blood profile and ECG on all pets regardless of age for the reasons cited above.

(Please initial below, as applicable)

- _____ Yes, please perform the above blood profile on my pet.
- _____ Yes, please perform the above pre-anesthetic ECG on my pet.
- _____ Yes, please perform the above blood profile and ECG on my pet.
- _____ No, I request refusal of both pre-anesthetic tests.

3. Catheter with Surgery: An additional precaution taken with all patients is the placement of an IV catheter and administration of fluids prior to and during general anesthesia. Intravenous catheters during a procedure allow fluids to be given which help to counteract hypotension (low blood pressure) produced by anesthesia. If an emergency situation should arise during surgery, IV catheters also allow venous access so that life-saving drugs can be given in the first few critical moments of an emergency.

IV catheterization and fluids are **REQUIRED** for all pets. _____(please initial)

4. **Spay Surgery:** In the event that during this procedure the patient is found to be pregnant, lactating, or in heat, there will be an additional fee added to the cost of the original procedure. _____ (please initial)

5. **Pain Management:** We feel that pets should feel as little pain as possible. Thanks to new medications and pain management protocols, we can offer relief to your pet and provide you with peace of mind. For all procedures, we will give at least one injection of pain medication that lasts 6-12 hours and is included in the surgery fee. We will also send home additional pain medication, depending on the procedure and your pet's discomfort. The cost of additional pain meds to go home ranges between \$20-\$50.
_____ (please initial) I am aware of the cost of pain management and that, if it is indicated, my pet will receive it.

PREFERRED TYPE OF MEDICATION TO ADMINISTER AT HOME: Tablets/Capsules Liquids/Paste

6. **Microchip:** Over 10 million pets go missing each year! HOME AGAIN is a microchip – the size of a grain of rice – with a unique identification code, implanted between the shoulder blades that will help identify your pet should he/she become lost or stolen. While we can easily microchip your pet without anesthesia, we prefer to take advantage of the opportunity to have your pet under sedation/anesthesia to insert the microchip. The microchip cost is reduced to \$45.99 if done during surgery/anesthesia.

- Yes, please microchip my pet while he/she is under anesthesia.
- No, please do not microchip my pet at this time
- My pet has already been microchipped.

7. **Extractions and Other Procedures Consent Waiver (Dental Only)**

The condition of each tooth must be evaluated before a decision is made as to the best course of treatment. Although no one likes surprises, it sometimes is impossible to give an accurate estimate before a thorough dental evaluation. From an economic and health standpoint, it is usually wise to complete all needed dental procedures rather than having to schedule another appointment. Please initial your preference below.

- Perform whatever procedures and extractions required at this time.
- Do nothing more than the requested dental prophylaxis procedure at this time.
- Call me with an estimate, if any additional procedures are needed. I can be reached at the phone number provided below.

8. **Doxirobe Filling (Dental Only)**

Many times after the tartar and plaque are removed during the ultrasonic scaling, deep pockets develop due to erosion of the gums. When this occurs, we recommend the defects be treated and filled with a long-acting antibiotic filling (Doxirobe - \$76.50).

Please indicate your preference below:

- Perform antibiotic filling, if necessary
- Do not apply filling.
- Call and seek approval for antibiotic filling beforehand at the provided phone number.

9. **Adjunct Treatment Available (Dental Only)**

Oravet is a sealant that is applied after the ultrasonic cleaning, polishing and fluoride treatment. Oravet has been clinically proven to reduce tartar/plaque buildup that causes gingivitis and periodontal disease. The first application is done during the dental procedure. A weekly home application kit is recommended.

- I DO I DO NOT request the home kit for weekly applications. Cost of kit is \$38.50. The kit lasts approximately 6 months.

I have read this form and agree that all information which pertains to my pet is correct. I verify that my pet has been fasted for at least 8 hours prior to anesthesia. I authorize my pet to be anesthetized and the above procedures to be completed. I understand that any requests I make for additional services will be added to my bill.

I also understand that some risks 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 is initiated. Should unexpected, life-saving emergency care be required, and the attending veterinarian is unable to reach me, the hospital staff has my permission to provide any necessary treatment, and I agree to pay for that care.

SIGNATURE

CONTACT PHONE NUMBER
(We will use this number to contact you as requested and when your pet has recovered from anesthesia)

DATE