

SURGERY / ANESTHESIA FORM

<animal> <last-name>'s Pet History

<date>

Has <animal> eaten within the past 10 hours [] Yes [] No
Is <animal> allergic to any drugs [] Yes [] No
Is there a history of seizures or previous anesthetic problems? [] Yes [] No

Circle Procedure To Be Performed: SPAY NEUTER DECLAW DENTAL TUMOR REMOVAL
OTHER: _____

<animal> will be provided with pain medication at an additional cost.{charges may vary}

The following are optional services that are highly recommended but will be at an additional cost.

Please check the following:

IV Catheter and Fluids: \$109.00 [] YES [] NO

Placing an IV catheter reduces risk while under anesthesia by allowing us direct access to the circulatory system if needed. This is important because it can be difficult to gain access to a vein in an emergency situation. Giving your pet IV fluid therapy while under anesthesia will help to keep them hydrated as well as keeping their blood pressure stable during the procedure.

ECG (Electrocardiogram): \$75.00 [] YES [] NO

We recommend an ECG be completed on all patients prior to receiving anesthesia. An ECG not only will help to detect early heart problems but also alert us to any other abnormalities in the pet that might not otherwise be detected.

Fluoride Treatment: \$8.25 [] YES [] NO

We recommend a fluoride treatment for all animals of all ages to help strengthen teeth and prevent tooth loss.

Microchip & Enrollment: \$72.00 [] YES [] NO

Extractions & Deciduous Teeth: [] YES [] NO [] CALL FIRST

Do you give permission to perform dental extractions, including deciduous teeth, if deemed necessary?
Charges vary depending on the tooth/teeth that are needing to be pulled.

Owner Authorization & Release:

I understand all anesthesia & surgery involves some potential risks and complications for my pet. You are to use all reasonable precaution against injury, escape, or death of my pet. I understand that anesthesia and surgery always involves some risk to my pet (such as unknown internal physical abnormalities, medication allergies, surgical complications, internal bleeding, shock, incision dehiscence, and post-surgical infections): and agree to hold you harmless, in the absence of negligence, in connection with these procedures. I acknowledge that no guarantee or assurance has been made to me as to the results that may be obtained. In the event complications arise and I cannot be immediately contacted at the below listed phone number, you are directed to make the decision you deem best for my pet. I agree to pay for services rendered. **I have read the following, understand it, and agree.**

Signature: _____ Date: _____

Phone Number(s): 1. _____ 2. _____

Email: _____
