

# Adobe Animal Hospital

“We Dedicate Our Service to Maintaining Your Pet’s Health”

## Anesthesia/Surgery Consent Form

Client Name \_\_\_\_\_ Patient Name \_\_\_\_\_

1) I hereby authorize the doctors to perform the following procedure(s) and/or operation(s)

2) I have been advised as to the nature of the procedure(s) and the risks involved. I understand that complications may arise during anesthesia and surgery resulting in cardiac arrest and death. I authorize the doctors to try to do whatever is necessary at the time to resolve these complications.

3) I understand that I assume full financial responsibility for all services rendered and that payment is due upon time of discharge of my pet from the hospital.

### PRE-ANESTHETIC BLOOD TESTING:

Our greatest concern is the well of your pet. Before placing your pet under anesthesia, we will perform a physical examination. However, many conditions, including disorders of the liver, kidneys, and blood, may not be detected unless blood testing is performed. These tests are especially important before anesthesia.

COMPLETE BLOOD COUNT: checks for anemia, changes in white blood cell count which would indicate infections or viruses, and decreases in platelet count which would slow the clotting of blood.

MINI CHEMISTRY PANEL: evaluates organ function. We recommend that all patients receive a blood screen before anesthesia and surgery.

The total cost of these tests. **\$82.42**

\_\_\_\_\_ YES, I want my pet to have a blood screen preformed prior to anesthesia administration.

\_\_\_\_\_ NO, I decline this blood screen and have been informed of the risk involved.

**PAIN MANAGEMENT:** Research has indicated that while pets may appear to withstand pain better than humans, they still experience it to a great degree. While undergoing surgery, your pet may receive drugs that prevent pain. However, additional medications are available that enable us to safely and effectively control the level of your pet’s discomfort after surgery and during their recovery at home. Since we care about your pet’s comfort and strongly believe in pain management, we recommend additional medication for pain.

\_\_\_\_\_ YES, I want my pet to receive additional pain management medication.

\_\_\_\_\_ NO, I do not want my pet to have additional pain management medication.

**HOMEAGAIN MICROCHIP:** HomeAgain Microchips are a permanent means of identification for your pet. The HomeAgain Microchip Identification System is a safe, simple and permanent form of pet identification designed to quickly scan lost pets and reunite them with their owner. **\$43.00**

\_\_\_\_\_ YES, I would like to have the HomeAgain Microchip implanted in my pet.

\_\_\_\_\_ No, I have elected not to have the HomeAgain Microchip implanted today.

**LASER PROCEDURE:** We have the privilege of offering LASER SURGERY for your pet. The benefit of using a laser for surgery instead of a traditional surgical blade is for the following reasons:

1) Less painful to the pet because it cuts and seals nerve endings unlike a traditional blade.

2) Less blood loss because it seals capillary bleeding as it cuts.

3) Faster procedure time due to good hemostasis, therefore less anesthesia time per procedure.

Laser Procedure: **.\$55.00**

\_\_\_\_\_ YES, I would like to have Laser Surgery done for my pet today.

\_\_\_\_\_ NO, I have elected for the use of traditional surgical blade instead of laser.

**I.V. FLUID THERAPY:** Adobe Animal Hospital is striving to provide better service to our clients and better medicine for our patients. I.V. fluid therapy during a dental/surgical procedure is very important for the welfare of your pet for many reasons. Placing your pet on I.V. fluids during a procedure helps to support your pet by keeping the kidneys working and “flushing” your pets system from harmful bacteria that may be released in the blood stream during dental scaling. Rare circumstances can arise during a procedure where your pet may have complications and having a I.V. in place provides a quick means of administering needed medications during a critical time on a timely basis.

I.V. Fluid Therapy. **\$80.00**

\_\_\_\_\_ YES, I would like to have my pet on I.V. fluids for the procedure listed above.

\_\_\_\_\_ NO, I have elected not to have my pet on I.V. fluids during the surgical procedure.

**ORAVET BARRIER SEALANT:** Adobe Animal Hospital offers to our clients a means of helping keep your pet’s teeth and gum’s healthy. Oravet is a two part system that creates and invisible barrier on your pet’s teeth that significantly reduces plaque and tarter formation.

The first part of the treatment is the application of the Oravet Barrier Sealant which is applied to your pet’s teeth by our staff after a dental cleaning is performed intraoperatively.

Cost: Small Pets (>20lbs) **\$30.00**

Medium Pets (21-35lbs) **\$35.00**

Large Pets (>35lbs) **\$45.00**

\_\_\_\_\_ YES, I have elected to start my pet on the Oravet Health Care System (last for two weeks post cleaning)

\_\_\_\_\_ NO, I have elected not to start my pet on the Oravet Health Care System

The second part is the Oravet Plaque Prevention Home Care Kit which contains applications for the owner to use at home.

Cost: **\$42.45**

\_\_\_\_\_ YES, I have elected to start my pet on the Oravet Home Care System (home care 1 time weekly for 8 weeks)

\_\_\_\_\_ NO, I have elected not to start my pet on the Oravet Health Care System

**Dental Radiographs W/ Prophylaxis** **\$35.00**

**\*\*\*FOR YOUR PETS SAFETY, ALL PATIENTS 7 YEARS AND OLDER WILL BE PRE-OXIGENATED PRIOR TO ANESTHESIA. AN ADDITIONAL CHARGE OF \$10.00 WILL BE APPLIED TO ALL SURGERY PROCEDURES.**

**\*\*\*FOR YOUR PETS SAFETY, ALL PATIENTS UNDERGOING A GENERAL ANESTHESIA THAT ARE NOT RECEIVING I.V. FLUID THERAPY WILL STILL BE REQUIRED TO HAVE AN I.V. CATHETER PLACED. I.V. CATHETERS ALLOW FOR QUICK ADMINISTRATION OF MEDICATIONS IN THE EVENT OF COMPLICATIONS DURING AN ANESTHETIC PROCEDURE. AN ADDITIONAL CHARGE OF \$25.00 WILL BE APPLIED TO ALL SURGERY PROCEDURES.**

X \_\_\_\_\_ Date \_\_\_\_\_

(Signature of owner or responsible party)

Contact Phone Number(s) \_\_\_\_\_

Tech \_\_\_\_\_ Receptionist \_\_\_\_\_