

PLEASE DO NOT GIVE FOOD OR WATER AFTER MIDNIGHT THE NIGHT PRIOR TO SURGERY!

YOUR PET MAY BE DROPPED OFF BETWEEN 7:30 A.M. AND 8:30 A.M. THE DAY OF THE SURGERY

Consent for Anesthesia and Surgery

Stoney Creek Veterinary Hospital
6460 Burlington Road
Whitsett, NC 27377
Phone 336-446-8071 Fax 336-446-8076

DO YOU PREFER

LASER SURGERY
CONVENTIONAL SURGERY
(Please check one)

Patient's Name _____ Client's Name _____

Procedure _____ Scheduled Procedure Date _____

Medical History:

Does your pet have any of the following? Please check all that apply. NOTE: If your pet is pregnant, obese or in heat, an extra fee may be charged. Further, your pet will be treated for fleas and/or ticks, if necessary.

Heart condition In heat Diarrhea
 Diabetes Recent heat Reaction to medication
 Bleeding disorder Pregnant Other: _____
 Respiratory condition Recent Pregnancy
 Deciduous teeth Vomiting

Did your pet eat or drink within the last 8 hours? (Circle one) YES / NO / UNKNOWN

Is your dog on heartworm prevention and currently vaccinated for distemper, parvovirus, kennel cough and rabies? (Circle one) YES / NO / UNKNOWN

Has your cat been tested for feline leukemia and feline AIDS and is he/she currently vaccinated for distemper, cat colds, and rabies? (Circle one) YES / NO / UNKNOWN

Where does your cat live? (Circle one) INDOOR / INDOOR-OUTDOOR / OUTDOOR

Surgical Options:

As with any surgery requiring general anesthesia, certain risks may result in serious complications or even death. To minimize such risks, we offer pre-operative bloodwork, and intravenous catheterization and fluid therapy. General recommendations are based on your pet's age and health status. In some cases, one or more of these surgical options may be required.

1. Pre-operative blood work: This allows us to verify proper organ function (prior to anesthesia) and to establish a baseline for future reference. Our minimum recommendations are listed below. We encourage you to bring your pet in for Level 2 or Level 3 pre-surgical blood work 1-14 days in advance of the surgery. This enables us to send his or her specimens to an outside laboratory where, for the same price, more comprehensive screening can be performed. We would be happy to schedule a complementary pre-surgical check-in appointment for you and your pet.

Fee	Pet's Age and Health Status	# of Blood Values Examined
<input type="checkbox"/> Level 1 \$32.55	6 months–3 years old, no health problems	In-house testing – 7
<input type="checkbox"/> Level 2 \$48.85	4–7 years old, no health problems	In-house testing – 10
<input type="checkbox"/> Level 3 \$61.70	8 or more years old and/or health problems	Testing in advance – 23
		In-house testing – 18
		Testing in advance – 31

I decline all pre-operative testing and understand that this may increase the risks associated with anesthesia.

2. Intravenous catheterization and fluid therapy: These allow us to maintain blood pressure, replace blood loss, speed recovery, and administer life-saving drugs in case of an emergency. These options are recommended for all pets undergoing general anesthesia. The fee is \$38.55

I accept intravenous catheterization and fluid therapy for my pet.
 I decline intravenous catheterization and fluid therapy for my pet and understand that this may increase the risks associated with anesthesia and surgery.

Non-surgical options:

1. Microchipping: We are now able to permanently identify your pet using a small microchip that is implanted beneath the skin. This is the best means of ensuring that your pet is returned to you in the event that he/she is lost or stolen. The fee for implanting the microchip is \$49.99. After the first year you may decide whether or not you want to continue your annual membership, which includes additional benefits, or if you prefer to have the registration benefit only. We would be happy to discuss or demonstrate this technology to you. Also, more information may be found at www.homeagainid.com. Please remember that no one plans to lose his or her pet; microchipping can provide a lifetime of security.

- Please microchip my pet while he/she is under anesthesia.
- I decline to have my pet microchipped at this time. I understand that I may have my pet safely microchipped, without anesthesia, in the future.

2. Other:

- Nail trim
- Ear cleaning
- Anal gland expression
- Dental exam & scaling/polishing
- Other _____

Comprehensive Safety and Security Packages:

Because your pet's safety, both during and after surgery, is so critical, we offer a special price for our most important safety options. These packages include the minimum recommended blood work, intravenous catheterization and fluid therapy, and microchipping at a 20% savings.

Pet's Age and Health Status	Package Savings
<input type="checkbox"/> Level 1 \$ 96.87 6 months – 3 years old, no health problems	\$24.22
<input type="checkbox"/> Level 2 \$109.92 4 –7 years old, no health problems	\$27.47
<input type="checkbox"/> Level 3 \$120.19 8 or more years old and/or health problems	\$30.05

Complementary Pre-surgical Check-in Appointments:

Your pet's health is our greatest concern. For this reason, we offer complementary pre-surgical check-in appointments 1-14 days in advance of your pet's surgery. We use these appointments to go over safety options, complete required paperwork, discuss pre- and post-operative care, answer concerns or questions, and obtain samples for pre-surgical blood work. As discussed above, we are able to offer more comprehensive Level 2 or Level 3 blood testing, for the same price, if specimens are obtained 1-14 days in advance. Pre-surgical check-in appointments are not required. However, attending a pre-surgical check-in appointment saves you time on admission day and also ensures that we have, by that time, comprehensively examined the issues that are important to you and/or your pet. Please call us at 446-8071 to schedule an appointment.

- Pre-surgical check-in appointment completed on _____.
- Pre-surgical check-in appointment not scheduled.

Consent:

I am aware of the risks and understand the information presented in this anesthesia and surgery consent form. I give the hospital and its staff members permission to proceed with the surgery and to perform any and all life-saving procedures should the need arise. I understand that I am expected to pay for all services rendered at the time my pet is discharged. I understand that a deposit may be required.

Owner signature _____ Date _____

On the day of my pet's surgery, I can be reached at this number _____.