

ARGUELLO PET HOSPITAL
Authorization and Consent for Anesthesia and Surgery

Owner's Name _____ Patient's Name _____ Date _____

Today's phone Number _____ **Would you like a text/photo to your cell phone**
post procedure? Yes / No **Cell number?** _____

Can we use your pet's photo on our Facebook/Social Media campaign? Yes No
If we do not already have your email address, you can provide us with one for reminders about
your pet. Email address:

What is your pet here for today? _____

Are there any other procedures you would like done while your pet is here today?

Yes (If yes, what? _____)

No

Would you like a complimentary nail trim?

Is your pet acting normal?

Yes

No (Why not _____)

When did your pet last eat? _____

Has your pet been medicated today?

Yes (If yes, what/when _____)

No

Would you like a phone call with an estimate before the anticipated procedures?

Yes

No

I have already received an estimate for today's procedure and it was \$ _____ .

BLOOD WORK CONSENT

We recommend those pets undergoing anesthesia have basic blood work performed prior to the procedure.

1. In apparently healthy, young pets, we suggest a basic blood panel to check for anemia, diabetes, total red cell volume, electrolytes and kidney function. The cost is \$86.00.
2. In dogs and cats seven and older, giant dogs over five years of age and pets with medical/surgical problems, we recommend a more comprehensive preanesthetic blood panel to assess red and white cell count, platelet count, liver and kidney functions, electrolytes and blood sugar. The cost is \$174.00.

Please check one:

Yes, I would like to do these tests on my pet before anesthesia

No, I decline the recommended blood work

ANESTHESIA SUPPORT (IV CATHETER)

We recommend that all pets that will be anesthetized have an intravenous catheter and receive intravenous fluids during the anesthesia, dental/surgical procedure and recovery from the anesthesia. Having a catheter placed in a vein before the induction of anesthesia allows us to treat any unforeseen complications that may arise during the procedure, ie, hypotension (low blood pressure), cardiac arrhythmias (irregular heart rate), unusual amount of pain, etc. The administration of fluids during the anesthesia/procedure hastens the recovery process and helps maintain normal blood pressure. The cost is \$56 (catheter) and \$60 (fluids).

Please check one:

- Yes, I would like a catheter and intravenous fluids administered.
- No, I decline the recommended catheter

Note: The intravenous catheter and fluids are required for pets older than seven and giant breed dogs older than five and for any pet with a medical condition that warrants these extra care measures.

Do you understand the risks of Anesthesia Yes No

MICROCHIP

Would you like to have a **MICROCHIP** inserted under the skin, between the shoulders, for permanent identification? The cost is \$75 for the microchip **and registration**. If your pet is lost, your pet could be identified with the microchip and easily be returned to you.

- Yes
- No

POST-SURGICAL LASER TREATMENT

Post surgical laser treatment is a new service at Arguello Pet Hospital. After the incision is closed, a laser (high frequency light) therapy unit is used to treat the incision. It has been shown to reduce post-surgical inflammation, hasten healing and reduce incisional pain. The cost is \$22.

- Yes
- No

I am the owner, responsible agent for, or authorized agent of this pet. I understand the nature of the procedure(s), that there are risks involved with anesthesia, surgery/procedure and or dental prophylaxis. I understand that sedation and/or general anesthesia may be necessary to perform the scheduled procedures and to insure the safety of pets and employees. I authorize the veterinarians and the staff of Arguello Pet Hospital to perform all procedures as set forth above, including anesthesia, surgery, dental prophylaxis, medical services, treatments, laboratory tests, x-rays and medications. Further, in case of an emergency, I consent to any procedure deemed necessary and desirable in the attending veterinarian's professional judgment in order to address the unforeseen emergency. I understand that an attendant is not on the hospital premises 24 hours per day.

I AGREE TO PAY IN FULL FOR ALL SERVICES PERFORMED, INCLUDING THOSE DEEMED NECESSARY FOR MEDICAL OR SURGICAL COMPLICATIONS AND/OR UNFORESEEN CIRCUMSTANCES.

Signature _____

Date _____