



Animal Hospital of Orleans
 65 Finlay Road
 Orleans, MA 02653
 508 255-1194
 www.animalhospitaloforleans.com

SURGICAL/ANESTHETIC INFORMED CONSENT FORM:

Elective Surgery/Dental

Pet's Name: _____ Age: _____

Procedure: _____ Phone Number you can be reached at today: _____

1. HAS YOUR PET HAD ANY FOOD PAST 8 PM LAST NIGHT? YES _____ NO _____
 (Please inform us if your pet has had any food because vomiting during and after surgery is common and if they aspirate food, they can have severe anesthesia complications.)

2. HAS YOUR PET HAD ANY MEDICATION TODAY? YES _____ NO _____
 If yes, which medication and when? _____

3. **PRE-ANESTHETIC LAB WORK:** Your pet will be undergoing a surgical or dental procedure under sedation or general anesthesia today. In order to recognize any underlying abnormalities your pet may have, which may put them at a greater anesthetic risk, we recommend having a pre-anesthetic blood profile run on your pet. This consists of a CBC, which will check blood cells, and a small chemistry panel, which will check blood glucose, protein, and kidney and liver function.

These blood tests will help us to assess the health status of your pet more completely and determine if there are any additional precautions we need to take before surgery. If an unforeseen problem becomes apparent on the bloodwork, surgery/dentistry may not be performed at this time. If your pet has had bloodwork in the past 30 days, we will not need to repeat blood tests today unless deemed necessary by the surgeon.

- _____ YES, I consent to the pre-anesthetic bloodwork. (young panel - 8 years and under = \$98; senior panel - over 8 years = \$128)
- _____ NO, I decline the pre-anesthetic bloodwork; or,
- _____ Bloodwork was already completed in the past 30 days

4. **FLUID THERAPY:** Subcutaneous or IV. Fluids are recommended to protect your pet's kidney and heart. Fluids shorten recovery time and help your pet feel better sooner. An IV catheter placement allows for IV fluid administration during and after surgery. This also provides us direct IV access in case of emergency.

- _____ YES, I consent to IV fluids (\$95)
- OR** _____ YES, I consent to subcutaneous fluids (no IV access) (\$27-\$34)
- _____ NO, I decline fluids

5. **POST SURGICAL LASER THERAPY:** The therapeutic laser can be used around the incision site to help relieve pain, reduce inflammation and scar tissue, and accelerate tissue healing. (Not used on cancer suspect sites)

- _____ YES, please do a laser treatment on my pet (\$20)
- _____ NO, do not use the laser on my pet

6. **MICROCHIP:** While under anesthesia, we can safely insert a microchip under your pet's skin, between their shoulder blades, which offers permanent identification and helps assist in your pet's safe return in the event that he/she is lost or stolen.

- _____ YES, insert a microchip (\$45)
- _____ NO, or my pet already has a microchip

7. **E-COLLAR "CONE":** Helps prevent any chewing or licking at surgical site. (If during recovery, the patient starts licking at the site, an e-collar will be automatically placed on pet.) _____ YES, send my pet home with an e-collar (\$18-\$22)

PAIN CONTROL: Appropriate pain medication is routinely given to the patient before and after all surgical and dental procedures.

I understand that some risks always exist with anesthesia and/or surgery and that complications and even death are possible. I understand that I am encouraged to discuss any concerns I have about these risks with the attending doctor before the procedure(s) is/are initiated. I also understand that the veterinarian will perform a pre-anesthetic physical exam and that the staff will be monitoring my pet at all times while under anesthesia in order to minimize anesthetic risk.

I have been advised as to the nature of the procedures or operations and the risks involved, including the possibility of death. I realize that no guarantee can be made legally or ethically to me regarding the outcome of any procedure performed. I am the owner of the above described animal and have the authority to execute this consent and authorization. I also assume full financial responsibility for this pet and understand that all charges shall be paid upon release of my pet from the Animal Hospital of Orleans.

I have carefully read and do fully understand this authorization and consent.

 Signature of owner or agent

 Date