

Oceanside Animal Clinic: SURGICAL CONSENT FORM

Pet Name: _____

Scheduled Procedure(s): _____

Did your pet eat today? Yes No If so, what time? _____

Is your pet on any medications? No
 Yes, prescribed here
 Yes, prescribed elsewhere, please list: _____

Is your pet up-to-date on vaccines? Yes
 No Update today: _____

Please list any known medication allergies: _____

Known medical conditions/previous illnesses: _____

Elective Procedures (Additional Fees Apply):

- Microchip Identification Implant
- Ear Flushing/Cleaning
- Routine Toe Nail Trim
- Dremel Nails
- Anal Gland Expression
- Brush Out/Clip Hair Mats
- Biopsy/Histopathology of Growth/Mass (send-out to pathologist)
- Other _____

ALL pets undergoing surgery will receive appropriate **peri-operative pain management**, including injections and oral medications home afterwards as indicated.

DENTALS: Please note, if your pet is here for a dental cleaning, decayed or damaged teeth may need to be extracted. This is only done if absolutely necessary. Extensive extractions requiring oral surgery may result in additional charges. Antibiotics are often prescribed when there is bleeding of the gums, severe plaque, and with extractions. Please initial here if your pet is undergoing a dental cleaning and you understand and authorize extractions as required. _____

OTHER OPTIONS: We offer several options at an additional cost to minimize surgical complications and increase your pet's comfort, both during surgery and recovery. **PLEASE CHECK THOSE YOU WISH TO AUTHORIZE:**

Blood Work: In order to provide the best care available for your pet, we strongly recommend preanesthetic blood work to help identify any underlying metabolic/systemic abnormalities. All animals will benefit from the blood work, but we strongly urge all large breed dogs over 5 years of age and all small breed dogs and all cats over 7 years of age have complete blood work performed prior to any anesthetic procedure.

I DO I DO NOT: Authorize the recommended Pre-Surgical Blood Screen at a cost of \$52.00

Anesthetic Monitoring: Our greatest concern is the well-being of your pet. We will monitor your pet's heart rate, respiratory rate, and blood oxygen during surgery. This technology along with pre-anesthetic blood screening reduces many of the risks of surgery. Additional monitoring is recommended particularly for older or compromised patients and includes heart rhythm monitoring with EKG and blood pressure evaluation.

I DO I DO NOT: Authorize Advanced Anesthesia Monitoring at a cost of \$38.00

Therapy Laser: Therapy laser is a painless procedure that helps stimulate tissue regeneration and promotes cell growth. This will result in both decreased healing times and decreased pain for your pet.

I DO I DO NOT: Authorize Post Laser Healing Treatment to be given for an additional fee. (Price range \$15.00 – \$45.00)

IV Catheterization and Intravenous Fluids: IV fluids allow us to keep patients hydrated and to maintain blood pressure during surgery. Catheterization gives quick venous access in the event of anesthetic complications. (IV fluids may be required for certain procedures, and may therefore have already been included in those particular estimates.)

I DO I DO NOT: Authorize IV Catheterization and Fluid Administration at a cost of \$37.50

Elizabethan Collar: To ensure that your pet will not chew or lick open a new surgical site, an Elizabethan collar is available. This small investment could save you the added costs to have the site repaired.

Yes, please send home an E-Collar

Maybe, I wish to wait and see if one is needed. (If a collar is needed, we will recommend one be sent home with you at pick-up)

I understand that in performing the procedure(s) my pet will receive a general anesthetic. I understand that some risk of injury or death always exists with anesthesia and/or surgery, and I am encouraged to discuss any concerns I have about those risks with my veterinarian before the procedure is initiated. Should some unexpected life-saving emergency care be required and the attending veterinarian is unable to reach me, the staff **DOES** or **DOES NOT** have my permission to provide such treatment at the discretion of the attending doctor and I agree to pay for all related fees.

I, being responsible for my pet, having the authority to do so, grant you my consent to treat, prescribe for, and/or operate upon my pet as noted above. I also agree that after consultation with me, the hospital's doctors may prescribe medication for, treat, hospitalize, sedate, anesthetize and/or perform surgery on the animal. I understand that complications are possible (e.g. infection, hemorrhage, dehiscence, etc.) and may result in the necessity of additional procedures at additional cost. OAC is to use all reasonable precautions against injury, escape, or death of my pet, but is not held liable or responsible in any matter, as I thoroughly understand I assume all risks.

OWNER SIGNATURE

DATE

CONTACT NUMBER

EMPLOYEE USE ONLY

AVI #: _____ INITIALS: _____