

All Creatures Small Animal Hospital Pre-Anesthetic Consent Form

Date: _____ Client: _____ Patient: _____ Procedure: _____

Your pet is scheduled for a procedure requiring the use of anesthesia. While there is no way to guarantee that anesthetic complications will not occur, it is our goal to provide the safest possible options and the best medicine available for your pet. Before your pet is placed under anesthesia, a veterinarian will perform a physical exam to identify any indication of disease, such as a heart murmur or abnormal lung sounds, which may indicate underlying disease that could complicate anesthesia. While the physical exam is an important tool, we are not able to evaluate all of the body's organs by it alone. For this reason we recommend the use of pre-anesthetic blood testing to screen for diseases such as diabetes, kidney or liver disorders, and anemia. This can be accomplished by drawing a small amount of blood and running the tests here on our own lab equipment prior to surgery. The blood tests that we recommend are similar to the lab work that would be done by your own physician prior to a surgical procedure.

PRE-ANESTHETIC BLOODWORK

_____ The pre-anesthetic panel evaluates kidney and liver values, blood glucose and electrolytes. The blood count can help screen for anemia, infection or platelet disorders. I approve of the recommended blood tests, to include a pre-anesthetic panel and complete blood count at the cost of \$114.

_____ I approve of the blood tests limited to the pre-anesthetic panel at the cost of \$73

_____ **NO** – I decline all blood testing at this time

ANESTHESIA

We employ several different forms of anesthesia in animals, the choice depending on such variables as the length of time the animal needs to be anesthetized, the invasiveness of the procedure, and individual differences between patients including risk factors such as age and disease states. In most cases we use gas (inhalant) anesthetic. Isoflurane is the form we use most frequently for most surgical procedures and it is considered very safe. Sevoflurane has an even higher safety margin and is rapidly removed from the bloodstream, allowing for pets which are older or suffering from medical conditions to recover more smoothly and quickly. In some cases the veterinarian may recommend this choice for your pet, but we provide this option for all. It is more expensive than Isoflurane, so additional charges apply.

_____ **SEVOFLURANE**—I select this anesthetic choice at an additional charge of \$48.00 per 30 minutes

_____ **ISOFLURANE**—I select this option, included in the price of my procedure already

PAIN MANAGEMENT

Depending on the invasiveness of the procedure to be performed and the potential for your pet to experience pain while recovering, the veterinarian may recommend pain control in the form of nerve blocks, injectables and/or oral medications.

_____ YES- I approve of pain control methods as recommended by the veterinarian

_____ NO-I wish to be called prior to any pain control measures being taken and will provide a number at which I can be reached

LASER THERAPY

Therapeutic laser treatments increase blood flow to treated areas, reduce pain and inflammation and decrease healing time.

_____ YES – Please treat my pet after his/her surgery at the cost of \$24

_____ NO – I decline laser therapy

HOME AGAIN MICROCHIP

If your pet has not been previously microchipped as a means of permanent identification it can be done while they are under anesthesia at a discount of \$7.00

_____ Yes – Please microchip my pet while under anesthesia at a cost of \$46.00

_____ No- I decline this service at this time

INTRAVENOUS FLUIDS

Placement of an intravenous catheter and administration of IV fluids may be recommended during certain anesthetic procedures to maintain access to a vein for emergency drug administration if needed and to allow control of blood pressure.

_____ Yes-I approve the IV catheter (\$32) and fluid therapy (\$11-\$32 depending on size) as recommended by the veterinarian

_____ No – I decline the placement of an IV catheter and IV fluids

Signature of Owner _____ Date _____

Emergency contact number _____

Please provide a contact number we will be able to reach you at DURING your pet’s procedure if you have elected to be called prior to any elective procedures or pain control.

Would you like to be called after the procedure is completed? YES NO