

Anesthesia / Surgical Checklist

When did your pet last eat? _____

If you suspect your pet may have had access to food after midnight, please let your intake technician know. We may need to delay or postpone the procedure today, as patients under anesthesia cannot control their airways and may inhale any vomited material, which can lead to a potentially life-threatening aspiration pneumonia.

Is your pet on any medications? Please, list current medication(s), dose given, and time of last dose: _____

Do you have any health concerns regarding your pet?

Coughing Sneezing Vomiting Diarrhea Constipation Excessive/Decreased Urination

Straining to Urinate/Defecate Excessive Drinking Decreased Appetite Any Discharge

Weakness/Lethargy Limping Other (briefly describe): _____

If live fleas are found on my pet at any time during their hospitalization in our clinic, we will administer an oral/rectal Capstar to kill any fleas present.

This medication will only last for 24 hours, so your pet will need to start an effective flea preventative to keep the flea infestation from recurring.

I authorize the staff of Pittsboro Animal Hospital to administer Capstar if indicated and assume the additional financial responsibility of this procedure:

[yes]: ☐ [no]: ☐ **If you decline this procedure, please let your intake technician know.**

Anesthesia / Surgical Checklist

Please, select additional services to be performed today for your pet below:

CARE Voucher Services (no cost to you):

☐ **Rabies Vaccine:**

****If you do not provide proof of prior vaccination that is current (within date), your pet will receive a Rabies vaccine today as required by state law.****

****Valid for 1 year, unless proof of prior vaccination is provided at intake.****

☐ **FVRCP (cat distemper) / DHPP (dog distemper) Vaccine:**

****Requires booster vaccine in 2-4 weeks after initial vaccination, unless proof of full kitten/adult series is provided at intake.****

****CARE covers the initial vaccine, but you will be required to pay for the booster. Vaccines must be given by a veterinary professional in order to be accepted as valid for future veterinary care due to inability to confirm quality control for the vaccine and method of administration. (ie. not valid if given by breeder, purchased from Tractor Supply, etc.)****

****If you will not be able to return for a booster or have it done by your primary veterinary service provider within 2-4 weeks of the initial vaccine, we advise that you do not opt in for this vaccine as it will not be effective.****

☐ **Microchip:**

****Your discharge instructions will include a packet of information that will allow you to register the microchip with your information.****

****We highly recommend microchipping your pet today. If they are already microchipped, please let your intake technician know.****

****If you do not want to have your pet microchipped today or would like additional markers, please select from the following to ensure that your pet's status as spayed/neutered is easily identifiable:***

☐ **Incision/Abdominal Tattoo** ☐ **Ear Tipping (Feral Cats Only)**

PAH Suggested/Required Services (NOT covered by the CARE Voucher):

☐ **Trazodone:**

****Calming Medication for Recovery- Recommended for Dog Neuters/Spays- \$30-\$60****

☐ **E-Collar/Cone:**

****REQUIRED FOR ALL DOGS AND CAT SPAYS- \$15****

****You are responsible for fully covering these costs at the time of pick-up and E-collars are non- negotiable.****

(CONTINUED ON NEXT PAGE)

{CLINICNAME}
{CLINICADDRESS1} {CLINICADDRESS2}
{CLINICCITY}, {CLINICSTATE} {CLINICPOSTALCODE}

CARE Anesthesia / Surgical Consent

{CURRENTDATE[SHORT]}

Intake Technician Initials: _____

[Please, write any updates that need to be made to client or patient information below.]

Client Name:	{FULLNAME}	Patient:	{NAME}
Address:	{ADDRESS1} {ADDRESS2}	Species:	{SPECIES}
	{CITY}, {STATE} {POSTALCODE}	Breed:	{BREED}
Phone Number:	{PHONENUMBER}	Sex:	{SEX}
Alternate (if not above):	_____	Color:	{COLOR} {MARKINGS}
Can we text you today with patient updates? Text Best [yes]:		<input type="checkbox"/>	Prefer Call [no]:
		<input type="checkbox"/>	

Anesthetic/Surgical procedure(s) to be performed: _____

I, the undersigned owner or agent of the pet identified above, authorize the staff of Pittsboro Animal Hospital to perform the above procedure(s) within the parameters described on the attached estimate, including, but not limited to: administration of pain relief medications, sedatives and/or anesthetics, as well as any necessary and appropriate medical, radiological, surgical, nursing, diagnostic, post-operative recovery, and/or emergency care for the animal. I assume full financial responsibility for all charges and services incurred for the described animal which are not covered by the CARE Voucher, and understand that full payment is due at the time of discharge.

While I accept that all procedures will be performed to the best of the abilities of the staff at this hospital, I understand that some risk always exists with anesthesia and/ or surgery and that no guarantee or warranty has been made regarding the outcome or results that may be achieved.

I understand that the attending veterinarian will make every effort to contact me regarding treatment in the case of unforeseen emergencies. If unable to contact me, the staff may or may not have my permission to proceed with life sustaining procedures. Select one option:

I give my permission [yes]: ☐

I do not give my permission [no]: ☐

I also assume full responsibility for any additional expenses incurred after the surgical procedure is performed, such as follow up radiographs, re-check physical exams and additional surgery due to post-op complications. These are more likely to occur when there is a failure to comply with the aftercare instructions given at discharge.

A complete physical exam will be performed on your pet prior to the surgical procedure if it has been longer than 30 days since the last exam. However, this may not identify all systemic or metabolic problems.

I have read and fully understand the terms and conditions set forth above.

Signature of Owner: _____ Date: {CURRENTDATE[SHORT]}

(CONTINUED ON BACK OF FORM)