

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 (other than preventatives)? 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 understand that I am authorizing the staff of Pittsboro Animal Hospital to administer Capstar if indicated and assume the additional responsibility of this procedure:

Owner initials and date: _____

Dog Patients Only:

Did your dog receive oral Cerenia (anti-nausea/vomiting pill) last night? [yes]: [no]:

Is your dog current on their monthly heartworm preventative?: [yes]: [no]:

Please, list name of product: _____

If your pet is not current on their heartworm preventative, we may require a heartworm test be performed prior to your pet undergoing any anesthetic procedure, as a heartworm positive animal has an increased anesthetic risk.

I authorize the staff of Pittsboro Animal Hospital to perform a heartworm test if indicated and assume the additional responsibility of this procedure:

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

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

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} {CITY}, {STATE} {POSTALCODE}	Species:	{SPECIES}
Phone Number:	{PHONENUMBER}	Breed:	{BREED}
Alternate (if not above):	_____	Sex:	{SEX}
Can we text you today with patient updates?	Text Best [yes]: <input type="checkbox"/>	Color:	{COLOR} {MARKINGS}
	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 above animal and understand that full payment is due at the time of discharge.

I have been advised as to the nature of the procedure(s) and the potential risks. I understand that some risk always exists with anesthesia and/ or surgery and I have discussed any concerns I have about those risks with the primary/attending veterinarian before the procedure(s) is/are initiated.

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]:

While I accept that all procedures will be performed to the best of the abilities of the staff at this hospital, I understand that no guarantee or warranty has been made regarding the results that may be achieved.

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)