

All Pets Medical & Laser Surgical Center

Anesthesia and Surgery Authorization

Owner: _____ Pet: _____ Species: _____

Breed: _____ Age: _____ Sex: _____ When did your pet last eat? _____

Procedures to be performed: _____

Medical problems we should be aware of: _____

Your pet is scheduled for a procedure that requires anesthesia. Like you, our greatest concern is the well being of your pet. Before placing your pet under anesthesia, a full physical examination will be performed on your pet to help us determine if your pet is physically healthy enough to undergo anesthesia and/or surgery. An estimate for these services will be provided at your request.

Because there is always the possibility a physical exam alone will not identify all of your pet's health problems, we **STRONGLY RECOMMEND** pre-anesthetic blood work prior to anesthesia. The pre-anesthetic profile does not guarantee the absence of anesthetic complications but greatly reduces the risk of complications and identifies medical conditions that may require medical treatment.

All packages include the following services in addition to the actual surgery:

- Pre-Anesthetic medications to calm your pet for general anesthesia
- Intravenous anesthesia induction
- Comprehensive electronic monitoring with a trained technician anesthetist
- Laser usage during surgery for less pain, bleeding and swelling
- Sterile pack and suture
- Hospitalization for two nights
- Exams the day of surgery and the day after surgery
- Post surgical incision exam 2 weeks after surgery

SURGERY PLUS PACKAGE: This package allows you to choose any of the following options for your pet. The cost of these options will be in addition to the price of the actual surgery.

For healthy pets up to 7 years of age, the minimum combination of blood tests we recommend for your pet is: Complete Blood Count (Anemia, Infection, Clotting); BUN /Uric acid (Kidneys); ALT/AST (Liver); and electrolytes.

_____ Yes, I authorize a pre-anesthetic blood screening.

_____ No, I do not authorize a pre-anesthetic blood screening.

For ill pets and pets over 7 years of age, we recommend a more complete panel and a urinalysis: 12 PANEL (General Health Profile); CBC (Anemia, Infection, Clotting); electrolytes; and urinalysis.

_____ Yes, I authorize this blood screening.

_____ No, I do not authorize this blood screening.

Pre-operative medications include Morphine Sulfate, a pain relief medication. A longer acting and stronger pain relief medication is available at an additional cost. It is highly recommended for all orthopedic, abdominal, and thoracic surgeries (including spay and declaw surgeries) as well as trauma cases. Additional pain medication for pain relief from 12 hours to 5 days depending on choice. The cost of this service varies depending on choice and weight.

_____ Yes, I authorize administration of additional pain medication.

Option _____

_____ No, I do not authorize administration of additional pain medication.

Intravenous fluid therapy helps keep your pet's hydration level normal, lowers the risk of shock during and after surgery, and provides access for intravenous drug administration if needed.

_____ Yes, I authorize intravenous fluid therapy.

_____ No, I do not authorize intravenous fluid therapy.

Optimal Dental Health Sealant can be applied to the teeth of puppies, kittens, and ferrets under 1 year of age while under anesthesia. This consists of fluoride to harden and help protect the teeth, as well as an OraVet Barrier Sealant professional application. OraVet Barrier Sealant creates an invisible barrier that prevents plaque and tartar forming bacteria from attaching to the teeth. The OraVet Plaque Prevention Home Care Kit is included to continue this maintenance program at home.

_____ Yes, I authorize the Optimal Dental Health Sealant Program and home care kit.

_____ No, I do not authorize the Optimal Dental Health Sealant Program and home care kit.

A nail trim can be performed on your pet while it is under anesthesia. This will reduce the stress your pet may normally feel if nail trims are not readily accepted while your pet is awake.

_____ Yes, I authorize a nail trim.

_____ No, I do not authorize a nail trim.

Most surgeries require the use of sutures. I realize that if my pet licks or actively tears the incision, I am responsible for the cost of repair. An e-collar may be purchased if desired.

_____ Yes, I understand that I am responsible for incision defects caused by my pet.

SURGERY PREMIUM PACKAGE: This option includes the routine services as mentioned above in addition to the following options:

- Pre-Anesthetic lab work
- Take home post surgical pain medication

SURGERY OPTIMAL PACKAGE: This option includes the routine services as mentioned above in addition to the following options:

- Pre-Anesthetic lab work
- Long lasting pre-anesthetic medication (Buprenex)
- IV catheter and fluids monitored by a specialized fluid pump
- Optimal dental health sealant combination (Fluoride treatment and OraVet dental gel)
- Take home post surgical pain medication

_____ I have chosen the **Plus Surgery Package** for my pet. The options are initialed above.

_____ I have chosen the **Premium Surgery Package** for my pet. Please refer to estimate for price range.

_____ I have chosen the **Optimal Surgery Package** for my pet. Please refer to estimate for price range.

I hereby authorize the doctors and staff of All Pets Medical & Laser Surgical Center to perform the above mentioned procedures for my pet. I have been advised as to the nature of the procedures and the risks involved. I understand that complications including, but not limited to, infection, cardiac arrest, and death could result. I also understand that complications occurred during these procedures will incur additional charges for which I am responsible. I acknowledge that no guarantee has been made as to result or cure. I understand that All Pets Medical & Laser Surgical Center's doctors and staff will use all reasonable precaution against injury, escape, or death of my pet. I understand that all anesthesia involves some risk to my pet, but All Pets Medical & Laser Surgical Center's doctors and staff will not be held liable or responsible in any manner or under any circumstances as it is thoroughly understood that I assume all risks.

Owner or Authorized Agent's Signature

Date

Emergency contact telephone number

Anesthesia and Surgery Authorization Routine