

**PRAIRIE ANIMAL HEALTH CENTRE OF WEYBURN
SURGICAL AND ANESTHETIC CONSENT FORM**

Owner: _____

Patient: _____

Procedure: _____

FASTING:

- My pet has been fasted for 12 hours.
 My pet has not been fasted for 12 hours. The last time he/she ate was _____.

CURRENT MEDICATIONS:

- YES, my pet is on medications. List _____
 No, my pet is not on any medications.

VACCINATION: It is our recommendation that all animals admitted for surgical or dental procedures be currently vaccinated. Please check one:

- YES, my pet's vaccinations are up to date (within the last 12 months).

Where _____ When _____
 NO, my pet is not currently vaccinated.

- NO, we are not interested in vaccinations at this time.

- YES, please vaccinate my pet today. (circle the corresponding vaccinations)

Da2PP / Rabies / Bordetella / FVRCP / FeLV at a cost of _____ (plus taxes)

Dewormer: Yes (needs) (Profender/ Milbemax/ Drontal Plus/ Lopatol) No (done or declined)

External Parasites:

Should external parasites (such as fleas) be found on my pet, I understand that treatment is mandatory and I am responsible for the cost of treatment. Cost of _____ (plus taxes)

PREANESTHETIC HEALTH SCREENING:

- I APPROVE a Pre-anesthetic Blood Profile for my pet. Cost of _____ plus taxes)

This includes a complete blood count, and a general health panel.

- I APPROVE a PCV/TP/ BUN/Blood Glucose/ for my pet. Cost of _____ (plus taxes)

- I APPROVE of a Feline Leukemia/ FIV blood test. Cost of _____ (plus taxes)

- I DECLINE pre-anesthetic blood work for my pet.

ANALGESIA: To help control surgical and post-surgical pain in my pet, we administer a single injection that lasts for 24 hours and send home 3 days of an oral take home medication.

PREGNANCY:

If the above named animal is found to be pregnant, I, hereby authorize the veterinarians and staff at Prairie Animal Health Centre to continue with surgery understanding that there is an increased risk to my pet. At a cost of _____ (plus taxes)

Discontinue with surgery and I hereby understand that I will still be responsible for any anesthetic cost.

INTRAVENOUS FLUIDS:

ACCEPT DECLINE Cost of _____ (plus taxes)

Intravenous included with spays and canine neuters.

DECIDUOUS TEETH:

ACCEPT DECLINE Cost of _____ (plus taxes)

NAIL TRIM:

ACCEPT DECLINE Cost of _____ (plus taxes)

ANAL GLANDS:

ACCEPT DECLINE Cost of _____ (plus taxes)

EAR PLUCK/CLEAN/SWAB, ETC:

ACCEPT DECLINE Cost of _____ (plus taxes)

K9 DEWCLAWS:

ACCEPT DECLINE Cost of _____ (plus taxes)

MICROCHIP:

ACCEPT DECLINE Cost of _____ (plus taxes)

ANYTHING ELSE WE SHOULD CHECK? _____

The estimated fees are _____ (plus taxes). This amount is due and payable at the time of discharge. I agree to pay, in full, for the services performed.

<p align="center">MORNING OF SX EXTRAS:</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p>
--

Scanned

Owner: _____

Patient: _____

Important Please Read Carefully

The safety of anesthesia has increased substantially with safer anesthetic drugs and increased knowledge of the effect of anesthetic drugs on different body systems. Despite these advances, general anesthesia is never trivial or routine and has risks such as death. I authorize the use of such anesthetics and medications as determined to be necessary for the above mentioned procedures. The risks associated with anesthesia and surgery has been explained to me. I understand that results cannot be guaranteed. I have read and understand this authorization and consent.

Signature of Owner or Agent: _____ Date: _____

Contact Name & Number: _____

Alternate Name & Number: _____

FOR OFFICE USE ONLY: Staff member to initial boxes when complete

Pre-surgical consent is signed <input type="checkbox"/>	Weight is updated in computer <input type="checkbox"/>	Patient information is updated <input type="checkbox"/>	Add exam findings added to SOAP <input type="checkbox"/>
Pre-surgical TX code is added to patient history <input type="checkbox"/>	Release and check out <input type="checkbox"/>	Notation on surgery day appointment added: Pre-surgical is completed & additional services e.g. deciduous teeth , hernia, etc <input type="checkbox"/>	

Scanned