

Client ID:

Client Name:

Telephone:

Alt. Tele. #'s

## 301-874-3050

## **Hospital Surgical Consent Form**

Name:

Sex:
BirthDate:

Species:

In case of an emergency, we will make every attempt to reach you at the numbers listed above. If you cannot be reached, we will take appropriate measures to ensure the health of your pet at your expense.		
Additional(s) surgical procedures or request: NO or YES ( <u>mark with an X)</u> Procedure details if answered yes (location of lumps, etc.):		
Technician initials Approximately when did your pet last eat?  Is your pet taking any medications?		
Dental sealant - This innovative, professionally applied dental barrier dries rapidly to create a clear sealant on the animal's sub-gingival gum line that helps keep the oral cavity clean and aids in extending the benefits of prophylaxis. A SANOS <sup>TM</sup> application lasts up to 6 months.		
*Therapeutic laser treatment- Laser can speed healing and reduce pain after surgical procedures or dental extractions. Post-surgical laser treatment		
* Young Pre-Anesthetic Panel: This 6 panel tests for liver and kidney function, blood proteins, as well as a blood sugar. This panel is designed for patients who are up to 6 years old.		
* General Health Profile: Is a 15 test panel which evaluates liver and kidney function, blood proteins, blood sugar, electrolytes, Calcium, and other values.Recommended for pets over 7 years old.		
* In order to evaluate organ function prior to anesthesia, will perform a pre-surgical blood profile on your animal. This panel gives the veterinarian additional information about the condition of your pet's liver, kidneys, and electrolytes. Proper liver and kidney functions are imperative for your pet to be able to metabolize the anesthetic once the procedure is completed. Any impairment of either of the systems may lead to prolonged recovery time and/or other serious complications.		
Blood chemistries being performed today: Young Pre-Anesthetic Panel General Health Profile		

- \* If your pet will be undergoing general anesthesia plus a surgical procedure today, Village Vet Of Urbana requires a complete blood count (CBC) prior to any procedure requiring anesthesia as well as a blood chemistry screen.
- \*The CBC gives the veterinarian valuable information concerning your pet's health that may affect the success of the procedure and post-surgical recovery. The CBC tests for the presence or absence of a systemic (generalized) infection, anemia and gives us a platelet count.
- \*Risk of Anesthesia: It is important to recognize that while small and minimized further with pre-op testing and anesthetic monitoring (ECG, blood pressure, pulseoximetry), there is always a risk of death with any anesthetic or surgical procedure.
- \* Veterinary service is provided during closed hospital hours as necessary in the judgement of the veterinarian in charge. Continuous presence of personnel is not provided; however, technical supervision is provided as needed under the direction of a veterinarian. A veterinarian is on call during the weekends to respond to clinical problems. If continuous observation of a pet is required, the owner will need to transport the pet to the emergency animal hospital of their choice for observation when the clinic is closed.
- \*I, understand that during the pre-dental exam and the dental procedure, it may be necessary to take oral radiographs and/or extract teeth. Unfortunately, we cannot tell exactly how many teeth may be extracted. If any teeth are extracted or if there is any excessive gingivitis, your pet may be put on oral antibiotics or pain medication to be administered at home. (These fees may not be included in your pets medical plan.)
- \*I acknowledge that changes in my pet's condition or discovery of other findings during treatment may necessitate a change in or an extension of the original estimate and if this occurs, a staff member will attempt to contact me to update this treatment plan. In the event I cannot be reached, this veterinary practice has permission to proceed with medical care for a) a life-threatening condition or b) additional services that will preserve or enhance my pet's health or c) minimize the need for and risks of additional and costly services at a later date. I agree to pay the balance of the above estimated fees at the time of my pet's discharge.

1, the undersigned have read the above and agree to the fact that it is the policy of this animal hospital to receive
payment in full at the time services are rendered and that a deposit may be required upon admission to the
hospital for treatment.

CLIENT SIGNATURE	DATE