

North Suffolk Animal Hospital

Surgery/Anesthesia Consent Form

Date: _____

Client Name: _____

Patient Name: _____

Patient Species: (circle one) K9 Feline Other: _____

Breed: _____ Color: _____ Age: _____ Sex: (circle) Male Female Altered

Surgical Procedure for which Pet is Scheduled: _____

Phone # where you may be reached at all times while your pet is undergoing surgical procedure and recovery: _____

It is our goal to provide the highest level of care to all our patients by providing the following services. However, we recognize there may be circumstances in which you prefer to pursue only the basics. That is why you have the option to decline the recommendations being made below. Whether the options are accepted or declined, your pet will benefit from continuous anesthetic monitoring by electrocardiogram, pulse oximetry, and most importantly a licensed veterinary medical team.

Blood testing

With any procedure requiring anesthesia, risk is involved. To reduce risk, we **recommend** pre-anesthetic blood screening for **all** patients. This blood screen evaluates the internal organs looking for problems that will not be seen with a physical exam. There are 3 levels of pre-anesthetic testing. The level recommended by Dr. is a reflection of age, wellness of the patient, and the surgical procedure(s) being done. Unless blood tests have been done in the past 30 days, Dr. recommends the highlighted panel below.

<u>Level I</u>	Checks basic organ function	<u>\$105.50</u>
<u>Level II</u>	More inclusive general health profile	<u>\$119.50</u>
<u>Level III</u>	Full profile with a complete blood count	<u>\$132.50</u>

I accept the above highlighted recommendation for blood testing

Initials _____

I decline the above recommended blood testing at this time and request that you proceed with anesthesia

Initials _____

Intravenous Catheter and Fluid Support

\$72.00

An intravenous catheter provides access to a vein if medications are needed in an emergency. Fluids given during the procedure provide support to the cardiovascular system. We strongly recommend this for your pet.

I accept the placement of an IV catheter and use of fluids. **Initials**_____

I decline the placement of an IV catheter and use of fluids. **Initials**_____

Microchip Implantation

\$56.99

A Home Again® Microchip can be implanted under the skin while is under anesthesia. We believe the microchip procedure to be a safe and simple way to permanently identify your pet. The cost includes the registration fee charge by Home Again®.

I accept the placement of a Home Again® Microchip. **Initials**_____

I decline the placement of a Home Again® Microchip. **Initials**_____

Pain Management

Your companion will receive pain medications during the surgery to ensure a comfortable recovery. After surgery, our medical team will continually evaluate your pet, and additional pain medicine will be administered as needed. Many pets will also go home with medicines for you to administer orally.

Initials_____

Extraction of teeth during dental cleaning

In order to provide optimum care and safety for your pet, we require permission to extract teeth prior to your pet undergoing the procedure. We will only extract the teeth that are not healthy and cannot be saved.

Initials_____

Preparation of Surgical Patients

Most surgeries require shaving of the surgery site. We also shave IV catheter sites and some blood collection sites. We take every precaution to shave only when and where it is necessary.

Initials_____

Estimate of Charges

We have provided you with an estimate of charges for the procedure(s) listed above. If significant additions to your bill are going to occur, we will do our best to contact you.

Initials _____

I certify that I am the legal owner or agent of the above described animal and do hereby consent and authorize the Doctors and Staff of North Suffolk Animal Clinic to perform the above listed surgical, diagnostic, and treatment procedure(s) on my pet. The nature of the above listed procedure(s) has been described to my satisfaction. I consent to the administration of any sedatives, anesthetics, pain relievers, or other medications deemed necessary by the attending veterinarian.

I understand that no guarantee or assurance has been made regarding the results of the treatment procedure, anesthesia, or surgery performed. I acknowledge that any surgical procedure, treatment, or anesthetic event, even performed on a healthy animal, carries a certain degree of risk and possibility of complications. I accept these risks and direct the Doctors and Staff of North Suffolk Animal Clinic to perform said procedure(s). I understand that the Doctors and Staff will make every reasonable attempt to safely and proficiently care for my pet. I also understand that unknown conditions may require additional treatments, procedures, diagnostic tests, or surgery to be performed on my pet. I understand that every reasonable effort will be made to contact me, but until I can be contacted, I authorize the Doctors and Staff of North Suffolk Animal Clinic to perform any reasonable treatment or procedure for my pet deemed necessary by the attending Veterinarian.

The Doctors and Staff of North Suffolk Animal Clinic will not be held responsible or liable in the absence of gross negligence if my pet should injure itself, refuse food, soil itself, become ill, or expire while in the hospital.

I further realize that I am responsible for payment for the above procedure(s) and treatment(s) in full at the time the animal is discharged. If I neglect to pick up the animal within five (5) days of written notice, to the above address, that it is ready for release, you may assume that the pet is abandoned. North Suffolk Animal Clinic is then authorized to make disposition of the animal as deemed necessary. Abandonment does not release me of my obligation for this bill.

I further agree that in the case of nonpayment, a finance charge of 1½ % per month (18% per annum) will be charged and I will be held responsible for any collection fees.

I understand that doctor hours at North Suffolk Animal Clinic are from 8am to 12 pm and from 2pm to 6pm Monday through Friday and from 8am to 2pm on Saturday. I understand that at all other hours there may not be a veterinarian or clinic staff providing continuous care.

Signature _____ **Date** _____