



Scottsville Animal Hospital
1590 Old Gallatin Rd
Scottsville KY 42164
270-237-3688

Anesthesia / Surgical Consent K9

Date of Surgery:

Client Name:
Address:

Patient Name:
Species:
Breed:
Sex:
Color:
Weight

Phone Number:

What is the number where we can reach you on the day of surgery?

Anesthetic and surgical procedure(s) to be performed:

I, the undersigned owner or agent of the pet identified above, authorize the staff of Scottsville Animal Hospital to perform the above procedures.

I understand that some risks always exist with anesthesia and/ or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure(s) is/are initiated.

In the case of unforeseen emergencies, the staff may or may not have my permission to proceed with life sustaining procedures.

[Yes]: I give my permission and understand I am responsible for the cost of these procedures.
 [No]: I do not give my permission.

1. *Has your pet shown any signs of illness in the last 2 weeks? [no]: [yes]: If, yes explain*
2. *Is your pet on any medications? [no]: [yes]: If, yes explain*
3. *Has your pet had any previous surgeries? [no]: [yes]: If, yes explain*
4. *If your pet has any retained baby teeth would you like those extracted today? [no]: [yes]:*
5. *When was food and water last given?*

PRE-ANESTHETIC BLOOD PROFILE

Like you, our greatest concern is the well-being of your pet. Sedation and anesthesia can involve risk to your pet. For this reason we highly recommend and ask your permission to perform a Blood Profile to assist in the evaluation of your pet's ability to utilize and metabolize the anesthetic medication(s) that will be used during this procedure.

**** Pets REQUIRED to have pre-anesthetic Blood Profile, will include;**

A) any pet 7 years of age or older and/or B) any pet in poor body condition or found to have abnormal physical exam determined by doctor to potentially place your pet at a higher risk while under anesthesia. **

Yes, Please do the recommended Blood Profile; \$72.00
 No, I do not authorize the recommended Blood Profile.

HEARTWORM TESTING

Heartworms are transmitted by mosquitoes and any pet can be at risk. Heartworm disease affects the function of a dog's heart and lungs which can be a risk during anesthesia. To ensure the well-being of your dog, we recommend yearly heartworm tests. If your dog has not been tested recently, we highly recommend a heartworm test prior to anesthesia.

- () Yes, Please perform a heartworm test, \$31.00
() No, my dog has had a heartworm test within the last year.
() No, I do not authorize a heartworm test.
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INTESTINAL PARASITE SCREEN

Intestinal Parasites can cause vomiting or diarrhea and also affect blood flow and can delay healing. Therefore we recommend screening for your pet at this time.

- () Yes, Please perform an Intestinal Parasite Screen
() No, Please do not perform an Intestinal Parasite Screen
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PAIN CONTROL-LASER THERAPY TREATMENT

Pain associated with surgery is 100% predictable. Therefore go home pain medications will be prescribed as the doctor sees fit with surgery. Laser Therapy Treatments can dramatically reduce pain and swelling. It can also fast forward the healing process.

- () Yes, Please do a post surgical Laser Therapy Treatment on my pet's incision. Cost : \$10.00
() No, I do not want my pet to have a Laser Therapy Treatment today.
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LASER

Surgical Laser aids in healing time, blood loss, and less attention to the surgical site by your pet (no licking). This option is available for an additional charge. Please inquire about this additional charge of \$57.75 to \$86.75

- () Yes, Please use the laser for my pet's surgical procedure.
() No, Do not use the laser for my pet's surgical procedure.
-

Microchip

This chip is inserted under the skin to aid recovery and identification of a lost or stolen pet.

- () Yes, Please insert a micro-chip while my pet is asleep; \$36.75.
() No, I do not want my pet to have a micro-chip at this time.
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VACCINATIONS, FLEA/TICK CONTROL

While your pet stays with us we require him/her to be up to date on vaccinations, and to be free of external parasites such as fleas and ticks. If fleas or ticks are found, the proper medication will be used at the owner's expense.

OWNER RELEASE

I have read this consent form. 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.

Signature of Owner: _____ Date: _____