

Patient Information

Patient Name _____ Client Name _____

Contact Phone #1 _____ Contact Phone #2 _____

Procedure(s) _____

Additional Services: _____

History (Current Meds, Medical Conditions, Anesthetic History etc.) _____

(If taking meds) Last dose given _____ When did your pet eat last? _____

Is your pet current in the following areas?

Vaccines: Yes ___ No ___ Internal Parasite Testing: Yes ___ No ___ Canine Heartworm Testing: Yes ___ No ___

Heartworm Prevention: Yes ___ No ___ Feline Felv/Fiv Testing: Yes ___ No ___ Flea/Tick Prevention: Yes ___ No ___

Microchip Implant: Yes ___ No ___

*If found to have internal or external parasites while in our care the patient will be treated at an additional cost to the owner.

Were you given an estimate for today's procedure(s)? Yes ___ No ___

Would you like an estimate for today's procedure(s)? Yes ___ No ___

If you were given an estimate and agree initial below.

_____ I have received an estimate for procedure(s) being performed today totaling _____. I understand that this estimate may not include unforeseen complications that would require additional treatment. I have read the estimate and agree to it.

Estimate includes: ___ Procedure ___ Bloodwork ___ IV Catheter ___ Antibiotics ___ Pain Medication ___ Other

General Information Regarding Anesthesia:

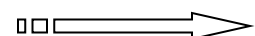
Your pet's health is our primary concern. We have outlined the components of your pet's anesthetic procedure today so that you can better understand and make the appropriate choices for your pet's health and safety. **Please read and initial where needed.**

Pre Surgical Exam – All pets admitted for a surgical procedure will receive a pre surgical exam. The purpose of this exam is to listen to the heart and lungs for abnormalities and to make sure that your pet is in the best physical health possible before anesthesia is administered. During the pre-anesthetic exam or during the procedure, the doctor may discover that additional and unexpected treatments are needed. In this instance, every effort will be made to contact you so you may be educated to the finding and make an informed decision. If the instance arises that we are unable to contact you and your pet is under anesthesia, please choose from the following options (*only initial one*).

_____ I authorize the doctors to use their best judgment and provide the needed treatment(s).

_____ I authorize the doctors to use their best judgment and provide the needed treatment(s), unless they exceed _____ in amount.

_____ I do not authorize additional treatment(s) if you are unable to contact me.



Anesthesia -- We use the same safe Isoflurane gas that is often used in human medicine. Isoflurane is primarily eliminated through the respiratory tract rather than through the kidneys or liver. This helps to reduce the risks associated with anesthesia and allows for a quicker recovery.

Monitoring – Your pet is closely monitored throughout the entire procedure. Your pet’s temperature, heart rate and rhythm, respirations and oxygen levels are continuously checked by one of our nursing staff and anesthetic monitoring equipment.

Intravenous Catheter with Fluids – General anesthesia inherently lowers blood pressure which can compromise organ function. The best way to counteract this is to provide fluid support intravenously while the pet is under anesthesia. To do this, an IV catheter must be placed in a leg vein. This will require a small area to be shaved for placement. Your pet will receive IV fluids during the procedure, which will provide for safer anesthesia, a quicker recovery and improved perfusion and maintenance of blood pressure. An IV catheter also provides the ability to give emergency drugs more quickly if needed. We recommend an IV catheter and fluids for every patient, but do not require it for elective procedures. (Additional Cost \$36.25)

_____ *I understand the importance of an IV Catheter with fluids.*

_____ *I have elected to have an IV catheter with fluids.*

_____ *I have elected to refuse an IV Catheter with fluids.*

Pre-Anesthetic Blood Screen -- Our on-site laboratory lets us screen for underlying health problems that may not be physically evident and that can put your pet at higher risk for anesthesia. Therefore, pre- anesthetic blood screening is highly recommended to ensure that major organ functions are normal. This does not eliminate all anesthetic risks but provides us with a broader scope of your pet’s health and internal function. We recommend pre-anesthetic blood screening for all our patients, but do not require it for elective procedures. (Additional Cost = \$71.50)

_____ *I understand the importance of pre-anesthetic testing.*

_____ *I have elected to have pre-operative blood screening run on my pet.*

_____ *I have elected to refuse pre-operative blood screening.*

Pain Management – Pet’s experience pain just like people do. Your Pet’s comfort is important to us and we believe alleviation of pain expedites the healing process. We recommend pain medication for all our patients. (Additional Cost = \$15.00 - \$20.00)

_____ *I want pain medication to take home for my pet.*

_____ *I decline pain medication for my pet.*

Authorization and Risk Assessment:

I understand that during anesthetic procedures great care is taken to ensure my pet’s health, but unforeseen conditions may be revealed that necessitate an extension or variance in the procedure(s) defined above. I authorize Lewisburg Animal Hospital to perform any treatment or surgical procedure(s) deemed necessary for medical or surgical complications or any unforeseen circumstances. While Lewisburg Animal Hospital provides the highest quality of anesthesia monitoring and surgical services, I understand the risks and understand that the veterinarians and hospital team will do everything possible to reduce any risks. I will not hold Lewisburg Animal Hospital, the veterinarians or any team member liable for any complications that may arise.

By signing this document I certify that I have read this document, understand it, and have had all of my questions answered to my satisfaction and I agree to the conditions of treatment.

My signature below authorizes the veterinarians at Lewisburg Animal Hospital to perform said procedure(s)/treatment(s) described on page 1.

Owner/Agent’s Signature _____ Date _____