

BAYVIEW ANIMAL HOSPITAL

1217 Bay Road Suite 1A
Webster, NY 14580
585-671-3120

CANINE SURGERY AND DENTAL CONSENT FORM

Office use only:

Pet Tech Appt _____
Pet Weight _____
Was pet fasted? Y / N _____
Were meds given? Y / N _____
Procedure _____
Receptionist/Tech Initials _____
Estimate Signed _____
Client Contact Phone _____
"

Label

Office Use Only

PRE-ANESTHETIC BLOOD TESTS

Your dog/puppy is with us for a procedure that will require a sedative and/or anesthesia. We **recommend** a pre-operative blood profile to check for adequate numbers of blood cells and possible problems in the kidneys and liver, which may not be evident on a physical examination. Dogs greater than 7 years of age are required to undergo a more extensive blood evaluation which include a blood count, a red and white blood cell evaluation, a platelet count, and more rigorous kidney, liver, and electrolyte evaluation.

NO -- My pet is under 7 years old. I **DECLINE** pre-op blood testing you recommend, but perform the procedure.

INTRAVENOUS CATHETER AND FLUIDS

In our continued commitment to providing your pet with the best medical care we will place an intravenous catheter and your pet will receive intravenous fluids during any procedure requiring general anesthesia. With the Intravenous catheter we can help protect kidney function and maintain blood pressure by administering intravenous fluids, and it also gives us direct access to the veins in the unlikely event of a crisis.

SEVOFLO ANESTHESIA

Currently we use Isoflurane anesthesia, a gas anesthetic with an excellent safety record. You may elect Sevoflo gas anesthesia, which is an anesthetic used for 95% of all human pediatric procedures in the US. Its advantages are rapid and smooth induction and recovery with no "anesthesia hangover". There is an additional cost of \$1.00 per minute of anesthesia time above the normal anesthesia charge

YES I authorize the use of Sevoflo if it is appropriate in my pet's procedure and agree to pay the additional charge as above.

PAIN/COMFORT MEDICATIONS

Pain medications are administered in hospital to all surgical patients, and if appropriate will be provided for at home post-surgical maintenance.

VACCINES

We require that all pets are current on their Rabies vaccination and Distemper vaccination, there may be an exam charge if vaccines are given.

YES, please administer the following vaccines: DISTEMPER (\$20.50) RABIES (\$18.50) KENNEL COUGH (\$27.50) FLU (\$27.50)

*Occasionally, a pet can have a reaction to the vaccines. The reaction can be as mild, such as a few hours of being a bit lethargic, or in very rare cases, death from anaphylactic shock. It is impossible to predict which pets are prone to vaccine reactions; however, every effort will be made to treat your pet, should a reaction occur. **If you are aware of your pet having had a vaccine reaction in the past, please let the doctor know so that precautions can be taken.**

DENTAL PROCEDURES

*Occasionally intraoral radiography, tooth extraction, or repair is necessary due to advanced periodontal disease or severe damage to a tooth as a result of trauma or cavities. An additional fee would be incurred for these procedures. If you would like to be called to discuss any necessary extractions or repairs, please let us know now, and leave us one phone number where you can be reached. **Pain medications and antibiotics may be administered with extractions.***

Do you authorize tooth extraction(s) or repair without contacting you first? YES NO* *PHONE # _____

**If we cannot contact you regarding medically necessary extractions or fillings, then a second procedure will need to be scheduled to perform these procedures.*

PERMANENT IDENTIFICATION

We can implant a microchip into your pet for an ID that can't get lost, this microchip provides identification in the United States as well as internationally! This simple procedure can be performed while your pet is here today.

Does your pet have a microchip? Yes ___ No ___ Would you like a microchip implanted today? Yes ___ No ___

RECOMMENDED TESTS

FECAL TEST

YES Please perform a fecal examination for my dog. For dogs that have not been tested within the past year. (\$22.30)

HEARTWORM TEST

YES Please test my dog for Heartworm. For dogs that have not been tested within the past year. (\$39.90)

I hereby certify that I have read and fully understand this authorization for treatment. I am the owner or agent for the above-described animal and have the authority to execute this consent. I assume financial responsibility for all charges incurred to the above patient and agree to pay all such charges when the animal is released from the hospital. I understand that in the event of an emergency my pet will have treatment provided at my cost and I will be contacted as soon as possible. I understand that any procedure, especially anesthesia, involves some risks and that results cannot be guaranteed. I understand that if the animal is not current on the combination of distemper and rabies vaccinations, this will be done upon hospitalization and added to the cost of the above procedure(s).

Signature of Owner or Agent: _____ Witness to Signature: _____ Date: _____

Review Date and LVT : _____