

**Pines West Animal Hospital
Authorization and Consent for Surgery**

Client _____ **Patient** _____

Date _____ **Phone Number** _____

I hereby consent and authorize the performance of the following procedure(s) or operation(s):

PRE-OPERATIVE BLOOD TESTING

Complications during and following sedation/anesthesia used during medical/surgical procedures can possibly be avoided if the doctor is aware of any underlying ailments such as anemia, infection, kidney malfunction, or liver disorders. These problems may not be evident on physical exam. Because these conditions can be detrimental to your pet's health, we highly recommend that all animals undergoing sedation/anesthesia have pre-operative blood testing. In addition, these results will serve as reference values should your pet become ill. The price of the test is not quoted in the price of surgery.

INITIAL:

_____ **Pre-Operative Profile 1: Healthy pets under 2 years of age (\$55.00)**

- CBC (Complete Blood Count): tests for anemia, infection, clotting ability
- Total Protein: tests for hydration, liver function
- BUN (Blood Urea Nitrogen): tests for kidney function
- Glucose: tests for liver function, endocrine function

_____ **Pre-Operative Profile 2: Healthy pets ages 2-7 (\$70.00)**

- All tests in Profile #1 plus:
- ALT: tests for liver function, exposure to toxins
- ALKP: tests for liver function, detects endocrine disorder
- Creatinine: tests for kidney function
- Electrolytes: tests for electrolyte disturbances, hydration, endocrine function

_____ **Pre-Operative Profile 3: Healthy pets over 7 years and ill pets (\$110.00)**

- All tests in Profile #2 plus:
- Cholesterol: tests for liver function and detects thyroid disorder(dogs)
- Bilirubin: tests for liver function and detects blood disorders
- Amylase: tests for pancreatic function, detects gastrointestinal disorders
- Phosphorus: tests for kidney function
- Calcium: tests for kidney function, detects certain types of cancer
- Albumin: detects liver disorders, kidney disorders, gastrointestinal disorders
- Globulin: detects chronic inflammation and certain types of cancer

_____ **I leave it up to my doctor's discretion**

_____ **None**

AUTHORIZATION TO PERFORM DENTAL CLEANING

****Extractions, Pain Medications and Antibiotics are additional, if needed****

Initial: Yes _____ No _____

**AUTHORIZATION TO PERFORM DENTAL CLEANING IN ADDITION TO
TODAY'S SCHEDULED PROCEDURE(S)**

THIS WILL BE 50% OFF THE REGULAR PRICE

****Extractions, Pain Medications and Antibiotics are additional, if needed****

Initial Yes _____ No _____

ORAVET BARRIER SEALANT

To help prevent plaque from attaching to your pet's teeth, a sealant is applied at the time of cleaning and an 8 week home care kit will be sent home with your pet.

The cost for both is \$64.00

Initial: Yes _____ No _____

HOME AGAIN PET MICROCHIP IDENTIFICATION SYSTEM:

The cost for this procedure is \$62.00

Initial: Yes _____ No _____

All patients requiring general anesthesia will receive, at a minimum, IV catheterization, IV fluid therapy, injectable and/or inhalant anesthesia, endotracheal intubation, electronic monitoring, and body heat maintenance support.

The nature of these operations or procedures has been explained to me, and I understand what will be done. I have also been informed that there are certain risks and complications associated with any operation or procedure of this type. I fully understand that during the course of the operations or procedures, unforeseen conditions may arise that may necessitate the performance of additional procedures (**I.E. TOOTH EXTRACTIONS DURING DENTAL CLEANINGS**). I authorize the use of appropriate anesthesia and pain relief medication as needed before or after the procedure. I have been informed that there are risks associated with the use of any medication. I understand that hospital support personnel will be used as deemed necessary by the veterinarian and that more than one veterinarian may make decisions or perform procedures on my pet during the hospital stay.

In the event that a life threatening condition should develop and we are unable to contact you, we will proceed with any and all life-saving measures available. By signing below, you are authorizing Pines West Animal Hospital to proceed and you accept full financial responsibility for all diagnostic tests and treatment included in the above planned fee range and for any additional emergency services should they be necessary. Full payment is expected at the time of discharge.

I have read and understand this authorization and consent.

Client Signature _____