

# Connecticut Valley Veterinary Associates

## SURGICAL PROCEDURE REGISTRATION AND AUTHORIZATION INFORMATION SHEET

### **Our hospital admission times are as follows:**

**Middletown location:** Pieper-Olson Veterinary Hospital, Middletown **7:30 am - 8:30 am**  
**All other locations:** Portland, Marlborough, Essex, East Haddam **8:00 am -8.30 am**

If an early morning admission is not convenient, your pet may be admitted the day before at no additional charge.

Accompanying this letter is a procedure registration and authorization form. Please read and bring the completed form with you the day your pet is admitted to the hospital. You will be meeting briefly with the surgical technician at the time of admission and the completed paper work will greatly expedite the check-in process.

*Your pet's safety and comfort is our utmost concern*

**Pre anesthesia Blood testing** In order to minimize complications during and after anesthesia, pre anesthesia blood testing is required to identify any pre-existing medical concerns. If your pet has not yet received this blood screening, please contact our technical staff, at the phone number listed above, to schedule an appointment with one of our technicians (suggested minimum 48 hours prior to anesthesia). If you have any questions or concerns, or if you are uncertain about prior blood testing, our technical staff is available to advise you.

**Pain Management** Our medical staff strongly believes in compassionate medical care for our patients. All our surgical patients will receive pain management medications during and after surgery. Additionally medications to control pain may be prescribed for use at home.

**Intravenous Catheter** To increase patient safety, most surgical procedures require the placement of an intravenous catheter. This may necessitate a small shaved area on the pet's leg.

### **24 hours prior to anesthesia:**

- Have procedure registration form completed and signed and bring with you the day of admit.
- Remove all food after 10 PM the night prior to your pet's procedure. **DO NOT REMOVE WATER.**
- ONLY small animals such as rabbits, rats and guinea pigs do not need to be fasted and can have free choice food and water up until the time of their surgical procedure.

### **Day of procedure**

- Remove all water the morning of your pet's procedure. No breakfast or snacks.
- Bring your procedure registration form to the hospital to deliver to the surgical technician.
- Admit to the hospital between the times listed above in the first paragraph. You will meet briefly with a surgery technician to review registration form and any other questions or concerns you may have.
- Expect a call from the surgery technician or doctor between 2-4 pm concerning your pet's procedure.

**Payment** An estimate for the procedure should have been provided to you prior to scheduling. Please contact our receptionist if you have not yet been provided with an estimate.

**The following methods of payment are accepted:  
cash, check, debit card, Mastercard ,Visa, Discover, and CareCredit.**

We look forward to seeing you!

# SURGICAL PROCEDURE REGISTRATION AND AUTHORIZATION FORM

Owner's Name: \_\_\_\_\_

Pet's Name \_\_\_\_\_ Sex \_\_\_\_\_ Species \_\_\_\_\_ Breed \_\_\_\_\_

Procedure \_\_\_\_\_

Contact names and phone number \_\_\_\_\_

Alternate contact and phone number \_\_\_\_\_

While admitted, are there any concerns you would like us to address?  
\_\_\_\_\_

Nails \_\_\_(no charge) Minor ear cleaning \_\_\_\_\_( no charge) Microchip\_\_\_(\$52.95 includes registration and first year) Retained baby tooth extraction\_\_\_\_\_ (\$20.00 per tooth)

Is your pet taking any medication? \_\_\_\_\_ Received day of admit? \_\_\_\_\_ Time \_\_\_\_\_

### ***Pre- anesthetic blood tests and Pain Management***

Patient safety and comfort are our primary concern. Pre anesthetic blood tests are required to minimize anesthetic risks and will be performed today if your pet has not yet received these tests. Pain management medications during and after surgery are provided for all our patients.

### ***Vaccinations***

To comply with state law and for the protection of our staff and other patients, all pets admitted into the hospital must be current on the following vaccinations:

Dogs : Rabies, Distemper, Bordatella Cats : Rabies Distemper

***These vaccines will be updated as needed.***

### ***Parasite Control***

For the safety of your pets and family members, we recommend an annual fecal exam to check for internal parasites. If your pet has not been tested within 1 year, please bring a fresh fecal sample with you or ask that we obtain one. Would you like us to obtain a fecal exam while admitted? \_\_\_ Yes \_\_\_ No (\$27.00)

We recommend year around heartworm prevention and internal parasite control as well as external parasite control to prevent flea and tick infestations. ***For your convenience would you like us to supply any of the following products at discharge?***

#### Dogs (heartworm and internal parasites)

Interceptor 12 mo \_\_\_ 6 mo \_\_\_ single \_\_\_

Heartguard 12 mo \_\_\_ 6 mo \_\_\_ single \_\_\_

Sentinel 12 mos \_\_\_ 6 mos \_\_\_ single \_\_\_

#### Cats (heartworm , fleas, and internal parasites)

Revolution 6 mo \_\_\_ single \_\_\_

#### Dogs (fleas and ticks)

ParaStar 3 pack \_\_\_ single \_\_\_

ParaStar 3 pack \_\_\_ single \_\_\_

#### Cats (fleas and ticks)

Advantage(fleas only) 4 pack \_\_\_ single \_\_\_

EasySpot \_\_\_\_\_

### **Authorization for Procedure**

**I authorize the staff of Pieper-Olson Veterinary Hospital to perform the above procedures. Though I understand the staff will do all possible to minimize complications, I accept that procedures which involve anesthesia and surgery are not without inherent risks.**

**I have received an estimate for the procedure and understand that full payment is expected at time of discharge.**

**I have not fed my pet after 10:00pm last night.**

Signature of owner or agent \_\_\_\_\_ Date \_\_\_\_\_