



Andover Animal Hospital

233 Lowell Street, Andover, MA 01810
978-475-3600

Canine Surgical Consent

Client Name: _____

Patient: _____

Client ID #: _____

Procedure(s): _____ Date: _____

General Anesthesia:

Pre-Surgical Blood Screening

_____ I understand my pet will have blood drawn for routine screening based on his/her age. This screens for anemia, dehydration, blood sugar, and internal organ function.

Bloodwork already completed on this date: _____

_____ I understand a negative Heartworm Test is **required** within one year of my pet's procedure, and my pet **will** be tested if he/she is not up to date at the additional cost of **\$59**.

Fluid Administration

_____ Subcutaneous fluids are given underneath the skin to prevent dehydration and speed anesthetic recovery. I understand my pet will receive **Sub-Q fluids** during his/her procedure.

_____ **IV fluids** are required for pets 7 years of age or older, and recommended for sick pets, or pets who will be under general anesthesia for one hour or more. This is the best way to maintain blood pressure, hydration, and to provide rapid venous access in the event of an emergency. I understand my pet will receive IV fluids during his/her procedure.

Use of Laser(s)

We now offer both a cutting laser and a therapeutic laser to be used during your pet's procedure. The cutting laser can be used for all spays and castrations. This laser decreases bleeding, swelling, and healing time. The cutting laser may also be used for other procedures at the doctor's discretion.

The therapeutic laser is used after your pet's neutering procedure to decrease swelling and promote healing. The therapeutic laser may also be used for other procedures at the doctor's discretion.

_____ I authorize the use of both lasers for my pet's neuter at the additional cost of **\$51**.

_____ I authorize the use of the therapeutic laser after my pet's procedure at the additional cost of **\$25**.

_____ I decline the use of both the cutting and therapeutic lasers for my pet's procedure.

Pain Medication

_____ I understand that pain medication is used with every procedure and aids in a more comfortable and faster recovery. I understand that for most surgical procedures I will be given additional pain medication to give my pet at home.

Microchipping

_____ Please microchip my pet during his/her procedure at the additional cost of **\$57**. This includes the microchip and the first year of registration.

Nail Trim

_____ Please trim my pet's nails during his/her procedure at the additional cost of **\$13**.

Emergency Treatment

_____ I hereby authorize treatment for my pet in the case of an unforeseen emergency. I understand that I will be notified as soon as possible and there may be additional cost associated with this treatment.

_____ Do not resuscitate my pet (**DNR**). I wish to be notified prior to any treatment of an unforeseen emergency. I understand that the any in treatment could result in serious complications, including **death**.

Dental Procedures:

Estimated Levels 1 and 2

_____ I understand extractions are rare, but may be necessary. Two extractions and x-rays are an additional cost of \$150-250.

Estimated Levels 3 and 4

_____ I understand that x-rays and extractions are usually necessary. The cost for x-rays and extractions is as quoted by your doctor.

Full Mouth X-Rays

_____ I approve full mouth x-rays to be used as a baseline for my pet during his/her dentistry. Additional cost is **\$170**.

_____ I decline baseline x-rays for my pet's dentistry.

* I hereby give my consent and authorize the use of **general anesthesia** for my pet. Andover Animal Hospital strives to decrease anesthetic risk by doing pre-operative examinations and labwork. In some cases the doctor may recommend intravenous fluids and/or further diagnostic tests.

* There is always risk with anesthesia. Risk of anesthesia can include cardiac or respiratory arrest, rarely causing death. Other possible anesthetic complications can include allergic reactions, vomiting leading to pneumonia, eye irritation or damage, irritation or injury to the throat, blindness, deafness, cardiac arrhythmia, slow anesthetic recovery, seizures, vomiting, diarrhea, lethargy, coughing, excitement, low or elevated body temperature, and organ damage.

* Andover Animal Hospital cannot be held accountable for unforeseen anesthetic complications or cost associated with unforeseen anesthetic complications.

* I have read and understand the possible complications associated with anesthesia for my pet.

I understand that my pet is not supervised overnight.

Signature: _____	Text Message Number: _____
Emergency Contact Number _____	E-Mail Address: _____
Date: _____	Employee Initials: _____