



Andover Animal Hospital

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

Surgical Consent Form Elective (spay/castration/declaw/dental)

Client Name: . .

Patient : . Client #: .

Procedure(s): _____ Date: _____

1. Pre Surgical Blood Screens (included in quote) PLEASE INITIAL: _____

_____ I understand that my pet will be having blood drawn for routine screening based on the age of my pet.

Blood work already done. Date _____

Please get Fecal Sample \$29.00

2. Fluid Administration During Surgery:

_____ I understand my pet will receive **Sub-Q** (subcutaneous-under the skin) fluids to prevent dehydration and speed recovery (no extra cost).

_____ **IV Fluids: Required for pets 7 years of age or older** and recommended for sick pets, or pets who will be under anesthesia for an hour or more. This is the best way to keep blood pressure normal and keep internal organs healthy and hydrated during anesthesia. Intravenous fluids are given through a catheter. **Additional cost \$35-\$75.**

3. Laser Use: All Feline Declaws are done with Laser at our hospital (included in the price). The Laser decreases bleeding, swelling and healing time. We now offer laser to be used with all spays and with canine castrations. We do not use it for feline castrations.

_____ I authorize the use of Laser for the neutering procedure at the **additional cost is \$38.00.**

_____ I decline the use of Laser for the neutering procedure.

4. For your cat: FELV/FIV/ Heartworm Testing:

_____ Feline leukemia and feline immunodeficiency virus testing is recommended within one year prior to anesthesia for cats who go outdoors. Indoor cats **must** have had this test done and have negative results in their medical records. We will test your cat if there is no prior documentation. **Cost \$54.00**

5. For your dog: Heartworm/Lyme/Erlichea Testing:

_____ A negative heartworm test is **required** within one year prior to surgery the **cost is \$49.00**

6. Post-Operative Pain Medications

_____ I understand that pain medication is used with every procedure and aids in a more comfortable and swifter recovery. For most surgical procedures we will send home pain medication with you to give to your pet.

7. Dental Procedures:

_____ **Dental 1 and 2-** I am aware that extractions are rare but may be necessary.

Maximum 2 extractions with x-rays would be an additional cost of **\$116.00**

_____ **Dental Level 3 and 4** usually have extractions (\$30-\$90) and x-rays(\$50-\$150 dollars)as quoted.

_____ I approve Full mouth baseline x-rays **\$160.00** dollars additional

8. Emergencies:

_____ I hereby authorize treatment in the case of an unforeseen emergency. I understand that I will be notified as soon as possible

_____ Do **NOT** recussitate my pet (DNR). I wish to be notified prior to treatment of an unforeseen emergency.

I understand that the delay in treatment could result in serious complications, including death.

9. _____ I would like my pets nails trimmed pain free/stress free while under anesthesia **\$12.00**

"I hereby give my consent and authorize the **use of general anesthesia** on my pet. I understand that there are still possible reactions, allergies and other sensitivities, that may result in **irreversible complications** including death of the patient. These reactions are uncommon, but still occur in a small percentage of patients."

I am also accepting that risks and complications are an inherent part of any surgical or medical procedure.

I understand my pet is not supervised 24/7.

Signature of Owner/ Authorized Agent _____ E-mail _____

Today's Phone # _____