**Pre-Surgical Instructions**

Thank you for choosing us for your pet’s upcoming surgery!

Appointment for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Prior to your pet’s appointment please do the following:**

* If not already provided to you, feel free to ask for a cost estimate.
* Read through and complete the attached Surgical Release Papers.
* No food, treats, or rawhides after 10pm the night before.
* Water should be available at all times

**The day of your pet’s appointment:**

* Check in is between 8-8:30 (Please allow a few minutes for check in)
* Hand in your competed Surgical Release Papers.

\*\***If you, as the pet owner, will not be dropping your pet off the day of surgery, please be sure you have your surgery packet form completed and signed and either drop off before the day of surgery or send with the morning of. If the surgery packet is incomplete and we are unable to reach you, we will NOT perform surgery on your pet on this date.\*\***

* Check-out is between **3:30-4pm** unless other arrangements have been made.
	+ If your pet is not picked up prior to 5:00pm you will be charged an additional fee.
		- 5:00 – 5:15 $25.00
		- After 5:15 $50.00
* Payment is due, in full, at the time your pet is released to go home. We accept Visa, Master Card, Discover, Care Credits, Checks and Cash.

**If someone else other than yourself comes for your pet at pick up time, payment arrangements will need to be taken care of prior to your pet’s release.**

**Dental Procedure Authorization**

**Pet’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Owner’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Anesthesia/Medical History**

1. Is your pet allergic to any medications/drugs? **🗖Yes 🗖No**

**Explain:**

1. Has he/she ever had a seizure? **🗖Yes 🗖No**

**Explain:**

1. Has your pet ever been under general anesthesia? **🗖Yes 🗖No**

 Were there any problems? **🗖Yes 🗖No**

 **Explain:**

1. Please list all prescriptions and over the counter medications including last time administered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Elective Procedures**

1. Are there any other things you would like us to do while your pet is anesthetized?

(ear exams or treatment, eye exams, apply topical parasite treatment, vaccines etc.)

 **🗖Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🗖No**

1. Radiograph consent

**🗖**I authorize the doctor to proceed with radiographs as necessary.

**🗖**I DO NOT authorize any dental radiographs.

1. Extraction Consent (PLEASE READ CAREFULLY AND CHOOSE **ONLY ONE** OPTION)

**🗖**I authorize the doctor to proceed with all procedures, including unforeseen tooth extractions.

**🗖**Please contact me at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to discuss any additional work, including unforeseen extractions. I understand if I am unable to be reached; **no additional work** will be performed and may have to be completed at a later date.

**🗖**Please contact me at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to discuss any additional work, including unforeseen extractions. If I am unable to be reached, I authorize the doctor **to proceed with all procedures**, including unforeseen tooth extractions.

**🗖**I decline any additional extractions at this time. I understand additional work may be recommended at a later date.

 **\***There will be a charge for additional services.

I understand that I am authorizing the above elective treatments and there will be an additional charge for said treatments.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Owner’s Initials/ Date**

**Pre-Anesthetic Procedures & Lab Testing**

**Recommendations**

**PLEASE READ CAREFULLY AND SIGN**

Your pet is scheduled for anesthesia. We recommend a pre-anesthetic blood profile to ensure your pet is in a low-risk category. State-of-the-art technology lets us run safe, accurate blood chemistries minutes before anesthetic induction. These tests resemble those your physician would run before you underwent anesthesia. In addition, these test results will serve as reference values should your dog become ill in the future.

**Tick & Heartworm Screen**

This screening test should be done on stray, sick, and new dogs. (Must be at least 6 mo old)

* Heartworm disease is transmitted by mosquitos. The parasites live in the dog’s heart and/or major vessels near it. Heartworm disease causes lung damage, coughing, lethargy, fatigue and can be fatal
* Ehrlichia, Lyme, and Anaplasmosis are transmitted by ticks. All three of these diseases can cause

lethargy, loss of appetite, and painful joints. Left untreated they can cause damage to the kidneys

and liver and eventually become fatal.

 **🞎I elect this 🞎I decline this**

**Chem. 17 Panel, Electrolytes and CBC**

**THIS PANEL COMBINATION IS REQUIRED FOR ALL PATIENTS AT 7 YEARS OF AGE OR OLDER,**

**TO INCREASE THE SAFETY OF OUR SENIOR SURGICAL PATIENTS.**

Blood tests help us to determine whether or not your pet can properly process and then eliminate the

anesthetic that is administered. Sometimes, even an apparently healthy pet can harbor hidden health

conditions that can put them at risk while under anesthesia.

Our **Chemistry Panel** will check the following:

BUN (kidney) ALKP (liver) Glucose (sugar) Total Protein (hydration)

Creatinine (kidney) ALT (liver) Electrolytes Calcium (certain cancers)

Phosphorus (kidney) Globulin (liver) ALB (protein) Amylase (pancreas)

 Bilirubin(liver)

Our **CBC (Complete Blood Count)** will assess anemia, cancer, infections, and clotting.

 **Pet’s Age\_\_\_\_\_\_\_/Required🞎 🞎Done on \_\_\_\_\_\_\_\_\_ 🞎I elect this 🞎I decline this**

**INTESTINAL PARASITE EXAM**

It is important to have an Intestinal Parasite Exam done annually to check your Pet for intestinal parasites. Dogs and cats do not always show signs of having intestinal parasites and parasites cannot be seen by the human eye. Most animals are exposed to parasites from their mother and all adults are at risk for picking up parasites while hunting or from other pets. Most importantly, these parasites can be transmitted to people, especially children, the elderly or anyone with a compromised immune system.

 **🞎I elect this 🞎I decline this**

I understand that I am authorizing or am required to have the above elective treatments and there will be an additional charge for which I will assume full financial responsibility. I understand there is always a potential risk for anesthesia and surgery.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pet’s Name Owner’s Initials/ Date**

**CALEDONIA VETERINARY CLINIC**

**HOSPITALIZATION CONSENT FORM**

**\* (PLEASE READ AND SIGN) \***

**PET’S NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DESCRIPTION** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROCEDURE**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\* DATE AND TIME MY PET LAST RECEIVED MEDICATIONS 1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I certify that I own or have assumed financial responsibility for the above-described animal. I do hereby consent and authorize the Caledonia Veterinary Clinic and its staff to hospitalize this animal, to administer vaccinations, medications, tests, surgical procedures, anesthetics or treatment that the doctors deem necessary for the health, safety, or wellbeing of this animal while it is under their care and supervision.

If this animal should injure itself in an attempt to escape, refuse food, soil itself, become ill or die while in the hospital, I will hold the Caledonia Veterinary Clinic, free of any responsibility and /or liability in the absence of gross negligence.

**By signing this consent form I understand that I am giving Caledonia Veterinary Clinic permission to sedate or anesthetized if deemed necessary by the veterinarian.**

I have been advised as to the nature of the procedures or operations and the risks involved. I understand that results cannot be guaranteed.

**I further realize that I am responsible for payment for the above procedures and treatments in full at the time the animal is discharged**. If I am unable to pay for the above procedures and treatments in full at time of discharge, Caledonia Veterinary Clinic is permitted to hold my animal until full payment is made. I am responsible for any and all charges incurred as a result of Caledonia Veterinary Clinic holding my animal as a result of non-payment. If I neglect to pick up the animal within five (5) days of written notice mailed by registered letter to me, Caledonia Veterinary Clinic may assume that the pet is abandoned. Caledonia Veterinary Clinic is then authorized to rehome or surrender to animal shelter as they see fit. Abandonment does not release me of my obligation to pay for all charges incurred while this pet is a patient.

*A finance charge is applied to all accounts unpaid after 30 days. The finance charge is computed by a periodic rate of 1.50% per month, which is 18% annually. There is a minimum $3.00 billing charge.*

**Check-out is between 3:30-4pm unless other arrangements have been made.**

**Please note:**

**If your pet is not picked up prior to time of closing at 5:00pm you will be charged an additional fee.**

5:00 – 5:15 $25.00

After 5:15 $50.00

**I have read and understand this authorization and consent agreement. I also understand that I am responsible for all charges incurred while my pet is a patient at Caledonia Veterinary Clinic.**

***SIGNED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**PHONE NUMBERS THAT I CAN BE REACHED AT TODAY: 1st number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2nd number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**