



Anesthesia/Surgical Release

Client	Patient	Date	Procedure
--------	---------	------	-----------

Please read carefully and sign

Your pet is scheduled for a surgical or diagnostic procedure(s) for which he/she must be anesthetized. In an effort to maximize anesthetic safety our patients receive thermal support, ET intubation, ECG, blood pressure & pulse oximetry monitoring during anesthesia. Central Pet Care recommends the following additional services:

Pre-Anesthetic Bloodwork

Our in house diagnostic equipment enables us to perform the pre-anesthetic blood profile at our hospital on the same day your pet is scheduled to undergo anesthesia. We recommend that a pre-anesthetic blood profile be performed on every patient. These tests are similar to those that your own physician would run on you if you were to undergo anesthesia. In addition, the results of these tests will go into your pets permanent health records, providing a "baseline" for comparison as your pets health changes throughout his/her life.

- 0-1 year of age "Clotting Factors"
- 1-6 years of age "Prep Profile"
Liver, Kidney, Glucose, Protein
- Felv/FIV test- Feline only
- Heart Worm test- if over 6 months & not current on Heart Worm Preventative

For pets 7 years of age or older we require a complete Blood Count, Blood Chemistry Profile, and Electrolytes be done while healthy within the last 30 days.

RBC, WBC, Platelets, Liver, Kidney, Pancreas, Electrolytes.

Date of last lab work CBC: _____ Chemistry: _____

- I understand the doctors of Central Pet Care will be performing pre-anesthetic blood work today to maximize the safety of the procedure for my older pet.

IV Cath/Fluids-

- I understand that certain health conditions can increase my pets risk while under anesthesia, for example a heart murmur. In the event the doctors of Central Pet Care determine my pet is at an increased risk for anesthesia, I understand they will place an IV Cath & give fluids as deemed necessary to maximize the safety of the procedure for my pet.

Pain Management/Laser Surgery

To ensure patient comfort, all patients will receive pain medication prior to and following surgical procedures. Additional pain medications will be administered as deemed necessary by the doctor. I understand I am responsible for any costs associated with pain management for my pet.

Surgical procedures will be performed with a specialized laser that speeds anesthesia time, reduces blood loss & speeds recovery. I understand that I am responsible for any costs associated with laser usage.

Owner/Agent Signature	Date
-----------------------	------



Anesthesia/Surgical Release

Client	Patient	Date	Procedure
--------	---------	------	-----------

Please read carefully and sign

1. I am the owner/agent for the above described animal and am over the age of eighteen. I further acknowledge and accept full financial responsibility for all services rendered.
2. I consent to and authorize the performance of general anesthesia _____ YES _____ NO (Please initial correct response)
3. I understand that during the performance of procedure(s) or operation(s), unforeseen conditions may be revealed that necessitate an extension of the above procedure(s) or operation(s) or different procedure(s) or operation(s) as are necessary and desirable in the exercise of the veterinarian’s professional judgment.
4. I have been advised as to the nature of the procedure(s) or operation(s) and the risk involved, including death. I realize that results cannot be guaranteed.
5. In the unlikely event of cardiopulmonary arrest, I elect for cardiopulmonary resuscitation(CPR) and the additional fees involved _____ YES _____ NO (Please initial correct response)
6. I understand that it is my responsibility to return for this animal when the treatment is completed. Seven days after being informed of such if the animal has not been discharged it will be considered abandoned and will become property of Central Pet Care, Inc. Such actions does not relieve my obligation for paying all the charges incurred.
7. In the event of external parasites, I understand that my pet will be treated to ensure sterile surgical field. This will incur an additional cost of \$9.00-12.00
8. I have read and understand this consent and herby voluntarily execute my consent.

Additional services while under anesthesia

- Microchip Permanent Pet Identification Cost: \$65.00
- Toe Nail Trim Cost: \$11.95
- Other _____

My emergency contact number is _____

Please be available in case we need to get in touch with you.

Owner/Agent Signature	Date
-----------------------	------