

Canine Surgery Electives

Patient/Client: _____ **Chart #:** _____

Below are lists of elective services that are recommended for the best care of your pet to help reduce anesthetic risk.

Please initial if you would or would not like these additional services done with your pet's surgery today.

Pre-operative ECG +/- Radiographs:

A pre-operative screen ECG +/- radiographs is an easy way to assess the cardiac risk of anesthesia. A routine ECG can also be used to determine the potential or presence of other causes of heart rhythm abnormalities and can give an indication of overall heart health. Adding radiographs can help visualize the shape and size of the heart and cardiac vessels. This information is sent electronically and evaluated by a cardiologist.

A pre-operative ECG screen is \$68.00 Accept _____ Decline _____

A pre-operative ECG screen with radiographs is \$197.00 Accept _____ Decline _____

Therapeutic Laser Treatment:

Therapeutic laser treatment is a non-invasive, drug free solution for animal pain and healing. It uses light to stimulate cells and increase blood circulation. At the correct laser wavelength, pain signals are reduced, and nerve sensitivity decreases by releasing endorphins or natural painkillers. The cost of this procedure is \$ 30.00

Accept _____ Decline _____

Home Again Microchip:

This is a form of permanent identification using a tiny microchip. It contains a unique identification number that aids in recovery of a lost/found pet. The microchip is inserted prior to surgery using a hypodermic needle.

Pinewoods Animal Hospital pays for your registration and first year of service. The cost for the microchip is \$55.00. Accept _____ Decline _____ Already has one! _____

Elizabethan Collar: aka "The cone of shame!"

A protective collar that slips over the head or wraps around the neck area to prevent licking and chewing of incisions. There are several different types of collars, but they are not one size fits all. Pine Woods Animal Hospital will decide which collar is right for your pet. **If your pet starts licking in the hospital, a collar will be placed automatically.** The collars range in price from \$15.00 - \$25.00

Accept _____ I have one _____ I decline an e-collar against medical advice _____

We recommend that your pet is on flea prevention prior to staying at our hospital for surgery. However, if your pet has fleas, we will require a flea treatment to be applied or administered. There is a charge for this medication.

The surgical staff will help you decide what product is best for your pet and lifestyle. You can also purchase additional flea prevention to take home. We carry Bravecto (3 month oral flea/tick prevention), Credelio (1 month oral flea/tick prevention) Seresto (8 month flea/tick collar) and Effitix (1 month topical flea/tick prevention) Prices are determined by weight.

Please send me with flea prevention - Yes No Type/Amount: _____

Surgery and Anesthesia Consent

Pet's name: _____ Species: _____

Age: _____ Sex: _____ Color: _____

Procedure: _____

My pet has been fasted: YES NO

My pet is allergic to: _____

My pet is on Heartworm Prevention: YES NO Flea Prevention: YES NO

Last given/applied: (HWP) _____ (Flea Prev) _____

My pet is on these other medications including OTC medications (ex. Aspirin, Ibuprofen, Tylenol, etc.)

Dose/Frequency/Last Given:

While your pet is under anesthesia we maintain a constant record of vital signs including heart rate, respiratory rate, oxygenation levels, blood pressure, and temperature. This helps us to detect potential anesthetic complications early and treat them before they become life threatening.

- I have been informed that there are risks and complications associated with anesthesia and surgery.
- I acknowledge that my pet may have an underlying condition that has not been detected with diagnostic tests/tools to date, and I further understand that during the course of the operations or procedures, unforeseen conditions may arise that could necessitate the performance of additional procedures.

I release Pine Woods Animal Hospital, P.C. and staff from any liability relating to unforeseen complications arising from surgery and/or anesthesia. _____ (PLEASE INITIAL)

I will be available at the phone numbers listed below at all times during the day of the procedure. If the doctors cannot reach me by phone, I authorize any treatment deemed necessary for the health of my pet. _____ (PLEASE INITIAL)

- I am the owner (or agent for the owner of legal age) for the animal described above and I have the authority to execute this consent.
- I hereby authorize and direct the veterinarians of Pine Woods Animal Hospital, P.C. to perform the procedure(s) described above.
- I agree to pay in full for services rendered, including those deemed necessary for medical or surgical complications, or any other unforeseen circumstances.

The nature and purpose of the procedure(s) to be performed on my pet has been clearly explained and I have no further questions at this time. _____ (PLEASE INITIAL)

Owner's Name (or agent): _____ Date: _____

Signature: _____

Phone #: _____ Alternate Phone #: _____