

Client Name: \_\_\_\_\_

Patient Name: \_\_\_\_\_

### **Authorization and Consent for Feline Neuter**

**What is the best phone number for us to reach you at today?**

Would you like us to text you a photo of your pet post procedure? Yes No Cell number:

Can we use your pet's photo on our Facebook/Social Media Campaign? Yes No

If we do not already have your email address, you can provide us with one for reminders about your pet.  
Email address:

**What is your pet here for today?**

**Are there any other procedures you would like done while your pet is here today?**

Yes If so, what? :

No

Is your pet acting normal? Yes No Why not?:

**When did your pet last eat?**

**Has your pet been medicated today?**

Yes If yes, what/when?:

No

**Would you like a phone call with an estimate before the anticipated procedure? Yes No**

I already received an estimate for today's procedure and the amount was: \$ \_\_\_\_\_

**\*\*RECEPTIONISTS COMMENTS FOR DR:**

### **Blood work Consent**

We recommend that pets undergoing deep sedation have basic blood work done prior to the procedure.

1. In apparently healthy, young pets, we suggest a basic blood panel to check for anemia, diabetes, total red cell volume, electrolytes and kidney function. The cost is \$121.

2. In dog and cats seven and older, giant dogs over five years of age, and pets with medical/surgical problems, we recommend a more comprehensive preanesthetic blood panel to assess red and white cell count, platelet count, liver and kidney functions, electrolytes, and blood sugar. The cost is \$263.

Yes, I would like to do these tests on my pet before anesthesia.

No, I decline the recommended blood work.

Blood work has already been done

### **Anesthesia Support (IV Catheter)**

Feline neuters typically do not need general anesthesia. However, in the event that your pet has complications with the procedure, like excessive bleeding, we may need to use general anesthesia to correct the problem. We will contact you immediately in this case, but we would like to have authorization in the unlikely event that this shall occur.

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We recommend that all pets that will be anesthetized have an intravenous catheter and receive intravenous fluids during the anesthesia, dental/surgical procedure and recovery from anesthesia. Having a catheter placed in a vein before the induction of anesthesia allows us to treat any unforeseen complications that may arise during the procedure ie, hypotension (low blood pressure), cardiac arrhythmias (irregular heart rate), unusual amount of pain, etc. The administration of fluids during the anesthesia/procedure hastens the recovery process and helps maintain normal blood pressure. The cost of the IV catheter is 71.00 and the IV fluids is \$77.00.

Yes, I understand that if my pet needs general anesthesia, an IV catheter and fluids will be administered to my pet.

### **General Anesthesia**

In the unlikely event that general anesthesia is needed, we would like to have your approval to proceed if there are complications that arise (uncontrolled bleeding, adverse reaction to the sedative used, etc). We will ALWAYS call you immediately if there is issue with your pet, but in case we cannot get a hold of you, we would like to have authorization to do what is necessary for the health and safety of your pet.

Yes, I give authorization to use general anesthesia on my pet if needed, and I understand the risks.

No, I do not authorize general anesthesia on my pet.

### **Microchip**

Would you like to have a microchip inserted under the skin, between the shoulders, for permanent identification? The cost is \$96 for the microchip and registration. If your pet is lost, your pet could be identified with the microchip and easily returned to you.

Yes    No

I am the owner, responsible agent for, or authorized agent of this pet. I understand the nature of the procedure(s), that there are risks involved with anesthesia, surgery/procedure and or dental prophylaxis. I understand that sedation and/or general anesthesia may be necessary to perform the scheduled procedures and to insure safety of pets and employees. I authorized the veterinarians and the staff of Arguello Pet Hospital to perform all procedures as set forth above, including anesthesia, surgery, dental, medical services, treatments, laboratory tests, x-ray and medications. Further, in case of an emergency, I consent to any procedure deemed necessary and desirable in the attending veterinarian's professional judgement in order to address the unforeseen emergency. I understand that an attendant is not on the hospital premises 24 hours per day.

I agree to pay in full for all services performed, including those deemed necessary for medical or surgical complications and/or unforeseen circumstances.

Client Signature: _____	Date: _____
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