

**Surgery Consent Form**  
test pet 4/27/2018

Canine	Check Surgical Procedure
Ovariohysterectomy (OHE)	<input type="checkbox"/>
Orchidectomy (Neuter)	<input type="checkbox"/>
Other: list surgical procedure	<input type="checkbox"/>

Contact Number for Client: \_\_

Client received estimate BEFORE procedure: \_\_ {CLIENT RECEIVED ESTIMATE AND AUTHORIZES PROCEDURE}}

**Medical History**

Medications and when last administered? \_\_

When did patient last eat? \_\_

Current on vaccinations?  Yes  No

CBC/Profile bloodwork in last 6 months?  Yes  No

Tested for Heartworm Disease/Lyme/E. Canis/Anaplasmosis within one year?  Yes  No

Verify medical history and list previous diagnosis:

**Technician Pre-surgical assessment** – based on medical history

Grade 1 – Normal Patient with No Organic Disease

Grade 2 – Patient with Mild Systemic Disease

Grade 3 – Patient with Severe Systemic Disease Limiting Activity but Not Incapacitating

Grade 4 – Patient with Incapacitating Systemic Disease that is a Constant Threat to Life

Grade 5 – Moribund, Patient Not Expected to live 24 Hours With or Without Surgery

**Ancillary Procedures at additional charge.** As with any surgery requiring general anesthesia, there are certain risks that serious complications or even death may result. To minimize the risk of such occurrences, we recommend the following:

<b>Anesthetic Safety Screen</b> <input type="checkbox"/>	To assure proper organ function, clotting ability, detect anemia or infection, baseline for future reference. The complete blood count (CBC) is a more sensitive indicator of disease than the physical exam. Additionally, white blood cells (WBCs) and platelets can change within hours due to acute infectious diseases. Abnormal glucose levels can increase anesthetic risk and differ markedly between fasted and nonfasted samples, breeds, age and sick and healthy patients. Evaluating electrolytes, hematocrit and total protein in fasted patients is essential for monitoring during anesthesia, minimizing the risk of arrhythmias and hypotension and facilitating patient recovery. <b>Patient over 7 years of age are required to have blood work within the last 6 months prior to anesthetic episode unless an emergency condition negates the blood work for life-saving surgery.</b>
<b>Hip Dysplasia Screening X-rays</b> <input type="checkbox"/>	A Hip Dysplasia Screening will be performed. Hip dysplasia is a faulty development of the hip joint characterized by varying degrees of joint laxity that permit subluxation (partial dislocation) early in life. Hip dysplasia is the most prevalent disorder of the canine hip and the number one cause of degenerative arthritis. Although almost all breeds are at risk, hip dysplasia most commonly affects large and giant-breed dogs.
<b>Tooth extractions during dental</b>	<input type="checkbox"/> I authorize any teeth that need extractions to be extracted. There is no requirement for a phone call for authorization. <input type="checkbox"/> I do not authorize any extractions without an attempt to contact me on the requested phone number.
<b>Home Again Microchip ID</b> <input type="checkbox"/>	A "Home Again" Microchip will be implanted at an additional cost to you. You may think that your pet is protected from getting lost. But accidents happen, and some things - like hurricanes and other natural disasters - are out of your control. In fact, one in three pets will become lost during their lifetime.

*As the owner of the above pet, I certify that I am over the age of 18 and I authorize the staff of this hospital to perform the procedure(s) listed above, as well as those deemed necessary to treat life-threatening emergencies. As with all anesthetic, treatment, and/or surgical procedures, I understand there are risks inherent in these services. I acknowledge that staff members at this practice have explained the procedures to me, answered questions to my satisfaction and cannot be held responsible for any unforeseeable results. Further, I understand that I am financially responsible for all costs incurred during this surgery, treatment and hospitalization.*

If medications are required, do you prefer  Liquid or  Tablet form?

Client Signature: \_\_\_\_\_

Date: 4/27/2018 \_\_\_\_\_