

Pets Name _____

Date _____

Canine Surgical Consent

For all procedures involving anesthesia

In order to offer you the peace of mind you deserve, we recommend pre-anesthetic testing prior to placing your pet under anesthesia

PRE-SURGICAL SCREEN:

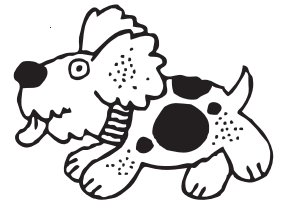
Your pet will be undergoing a surgical procedure that involves injectable and/or gas anesthesia. For the protection of our patients, **we require pre-operative blood screening which includes a 6 panel blood test and electrolytes for all pets 7 years of age and older or with any pre-existing medical conditions.** This blood screening will allow us to find any abnormal values that may cause complications if/when your animal undergoes anesthesia. We recommend this pre-operative blood screen for **all** patients undergoing a procedure that requires anesthesia in order to reduce the risk of complications.

- Yes, I would like the pre-operative blood screen for my pet (Chem 10, Electrolytes, CBC)
- No, I decline the pre-operative blood screen for my pet

PAIN MEDICATION:

Management of your pet's pain requires a continuum of care....That includes anticipated, early intervention and evaluation of response on an individual-patient basis. Behavioral changes are currently the principal indicator of pain we monitor and its course of improvement or progression.

We will be sending home a 3 day home pack...If you not on-going issues with pain--please call, we will be more than happy to help.



IV FLUIDS/CATHETER: Will be placed in all pets 7 years and older or with any pre-existing medical conditions.

VACCINATIONS:

We require that all animals undergoing surgical procedures and/or staying overnight be current on vaccinations. For dogs this includes **DAP-PV, and Rabies**

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Has your pet been examined by a veterinarian in the last year? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Is your pet current on the required vaccinations? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Has your pet had its annual Heartworm Test? |

My pet needs:

- Heartworm Test (4DX)
- Annual Internal Parasite Screening
- Rabies DAP-PV Lyme Bordetella

I, the undersigned, am the owner or authorized agent for this animal. I acknowledge that a pre-surgical screen was recommended to me preceding the administration of anesthesia. You are to use all reasonable precaution against injury, escape, or death of my pet. I understand that all anesthesia involves some minimal risk to my pet, but you will not be held liable or responsible in any manner whatever or under any circumstances in connection therewith as it is thoroughly understood that I assume all risks.

All animals admitted must be current on their vaccinations and must be free of external parasites.

Any animal found to have fleas, ticks or ear mites will be treated at the owner's expense.

Signature of Owner/Agent _____

Phone _____



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