



Riverside

Veterinary Hospital

99 Success Court

Rocky Mount, NC 27804

252-442-3636

Surgical and Anesthesia Consent

Please read carefully and sign

I authorize Riverside Veterinary Hospital to perform upon _____ the following surgical procedure: _____. I assume full financial responsibility for this pet. I understand there is always a potential risk with anesthesia and surgery. Riverside Veterinary Hospital is to use all reasonable precautions against injury, escape, or death of my pet. I understand that no guarantee or assurance has been made as to the results obtained.

Is your pet on any medication? ___ What? _____ When was last dose given? _____
Is your pet on heartworm prevention? ___ YES ___ NO Did your pet eat anything this morning? ___ YES ___ NO
Has your pet had any illness in the past 10 days? If so, please explain: _____

OTHER PROCEDURES TO BE DONE AT THIS TIME

___ Extract retained puppy teeth ___ Teeth cleaning (ultrasonic Scaling and Polishing) ___ Ear cleaning
___ Home again microchip ___ Remove warts/Skin growths (Location: _____)

PREANESTHETIC TESTING

Your pet is with us today for a procedure that will require anesthesia. We will perform a full physical examination on your pet before administering the anesthesia. However, we always recommend a **well-pet preoperative blood profile to check basic organ functions**. This is performed to establish base line values and to insure your pet is in a low risk category during anesthesia by ruling out pre-existing internal problems that may not be evident physically, but could possibly lead to complications. The results of the bloodwork will help us to choose the safest route of anesthesia for your pet. The Preanesthetic Testing includes a 10 chemistry panel, electrolytes, and estimated PCV at a fee of \$42.00. _____ (Initial)

In addition to the basic Preanesthetic Testing , optional additional testing will further insure a thorough evaluation of your pet. These added tests may include CBC (\$34) ___ Expanded Blood Chem 17 (\$79) ___ and Urinalysis(\$31) ___ (Initial those you approve)
(replaces \$42 for basic blood work)

Some animals, because of their age and/or medical condition require a more extensive workup prior to surgery. If this is the case, the doctor will discuss this with you. Please indicate your choice below.

Riverside Veterinary Hospital recommends the basic pre-anesthetic testing be done on each pet, however we may give you the option of declining this testing. If you choose not to have the recommended testing done please initial below.

I choose not to have pre-anesthetic blood testing done and understand this may increase my pet's risk during anesthesia.

(Initial) _____

FLUID THERAPY

During anesthesia, we recommend an intravenous catheter and intravenous fluid administration for your pet. This additional measure is encouraged as a safety precaution. This allows us to have rapid venous access in case of emergency, as well as provides fluid therapy as support while your pet is under anesthesia. The fee for the IV catheter and fluid administration is approximately \$53.00.

___ (Initial) YES Please place my pet on IV fluids as an additional safety measure.

___ (Initial) NO Please do not place my pet on IV fluids unless needed. If the medical condition of my pet requires intravenous fluids then I understand they will be administered at an additional cost.

PAIN MANAGEMENT

We will administer injectable preoperative pain medication for your pet, which in addition to providing pain relief also helps with a smoother recovery after anesthesia. In some cases we will also send home oral pain medication. There will be an additional charge if oral medicine is prescribed.

Signature of owner or responsible agent _____ date ___/___/___

You can reach me today at phone # _____ alternate # _____

Email address _____

It is very important to leave a way to reach you while your pet is here! Please provide us with the best way to contact you.