

STONYRIDGE VETERINARY SERVICE, INC.
Eric Eisenberg, DVM
Kelley Young, DVM

ANESTHESIA AND SURGICAL CONSENT

Date _____ Your Pet's Name _____

Procedure to be performed _____
(If your pet is scheduled for spay or neuter, the charges will be higher if the pet is in estrus, pregnant, infected, or cryptorchid.)

Your Name _____
Address _____ City _____ State _____ Zip _____
Home Phone # _____ Work Phone # _____ Cell # _____
Where can you be reached today? _____

PLEASE READ ALL THE FOLLOWING IMPORTANT INFORMATION CAREFULLY BEFORE SIGNING THIS CONSENT. WE MUST HAVE YOUR ANSWERS TO THE FOLLOWING QUESTIONS BEFORE WE CAN PERFORM SERVICES.

We recommend your pet be current on routine vaccinations before surgery. Please provide us with the date of last vaccinations _____.
If not current, – would you like us to provide vaccinations? **Yes** _____ **No** _____.

Canine:	Feline:
_____ Fecal	_____ Fecal
_____ Heartworm Test	_____ Felv/Fiv/Hwt
_____ DHPP-C	_____ FVRCP
_____ Bordetella	_____ Felv
_____ Lepto	
_____ Lymes	_____ Rabies
_____ Rabies	

Our greatest concern is the well being of your pet. Before putting your pet under anesthesia, we will perform a physical examination. However, many conditions, including but not limited to disorders of the liver, heart, kidneys, or blood may not be detected unless blood/laboratory testing is performed. The blood chemistry tests usually give us an "inside" look at the status of your pet's vital organs and usually let us know if they are functioning normally. An EKG or ECG is an important tool for risk assessment of the heart. Such tests are especially important before any kind of surgery or procedure. For these reasons we highly recommend blood screening and an EKG before these procedures. **The cost for the pre-anesthesia blood screening test is \$64.00. The cost of an EKG is \$51.00.** Our laboratory is fully equipped and staffed – the lab and EKG results will be immediately available to examine before anesthesia and/or surgery. Please indicate your choice below:

_____ **Yes, I want pre-anesthesia blood screening.** _____ **No, I decline blood screening.**
_____ **Yes, I want an EKG performed.** _____ **No, I decline an EKG.**

(After the procedure you may notice that the hair on your pet's neck, or legs has been clipped or shaved. This is done to facilitate blood collection and testing.)

We also offer enhanced options for procedures that include intravenous fluids, and enhanced pain control. **Costs vary according to procedures, supplies and medications utilized.** For more information regarding these procedures, please ask the staff. If you want enhanced options please indicate below.

- | | |
|--|--|
| <input type="checkbox"/> YES, I want the IV fluid option (\$84.00) | <input type="checkbox"/> NO, I decline the IV fluid option. |
| <input type="checkbox"/> YES, I want the IV catheter only (\$35.00) | <input type="checkbox"/> NO, I decline the IV catheter. |
| <input type="checkbox"/> YES, I want the enhanced pain control | <input type="checkbox"/> NO, I decline the enhanced pain control. |
| <input type="checkbox"/> YES, I would like cold laser therapy (\$44.00) | <input type="checkbox"/> NO, I decline cold laser therapy |

For pain control/healing

- | | |
|--|--|
| <input type="checkbox"/> YES I want laser option additional (\$50.00) sterilization / routine | <input type="checkbox"/> NO, I decline laser option |
| <input type="checkbox"/> YES I want Laser option complex (\$60.00 and up) | <input type="checkbox"/> NO, I decline complex laser option |

In some cases, the doctor may decide that one or more of the options listed above are essential for your pet. We will make every effort to contact you in that event.

Chewing/licking at an incision site can delay healing and cause complications with your pet's recovery. If you feel that your pet will bother his/her incision site, an e-collar is recommended. If the staff see's that your pet is bothering the incision during recovery time, an e-collar will be placed on him/her.

- | | |
|---|---|
| <input type="checkbox"/> Yes, I would like an e-collar, or post-op body shirt. | <input type="checkbox"/> No, I decline this recommendation |
|---|---|

Does your pet need any additional care while here? Example: Additional lab work (fecal analysis, urinalysis, feline leukemia and feline immunodeficiency testing, etc.), nail trim, anal glands expressed, ear care, microchip, refills on medications, etc.? **Please indicate any concerns below.**

Sometimes after surgery your pet may vomit during recovery. If this happens **they will be given** an injection for vomiting that will result in a \$20.00 charge.

I grant permission to the agents of Stonyridge Veterinary Services, Inc. to perform medical and/or surgical procedures, and anesthesia on my pet. I understand there is inherent risk involved to all anesthetic, surgical and medical procedures.

SIGNATURE: _____ **DATE:** _____