



Client Name:

Pet's Name:

Species:

Breed:

Age:

Sex:

Anesthetic and surgical procedure(s) to be performed:

- Anesthesia Castration (neuter) Ovariohysterectomy (spay) Declaw (front paws only) Lumpectomy Biopsy
- Dental Exploratory Other _____

I, the undersigned owner (or agent of the owner), of the pet identified above, certify that

I am or I am not eighteen years of age or over and authorize the veterinarian(s) at to perform the above procedure(s). I understand that some risks always exist with anesthesia and/or surgery such as, but not limited to: infection, cardiac arrest and death. I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure(s) is/are initiated. My signature on this form indicates that any questions I have regarding the following issues have been answered to my satisfaction:

- The reasonable medical and/or surgical treatment options for my pet
- Sufficient details of the procedures to understand what will be performed
- How fully my pet will recover and how long it will take
- The most common and serious complications
- The length and type of follow-up care and home restraint required

While I accept that all procedures will be performed to the best of the abilities of the staff at this hospital, I understand that no guarantee or warranty has been made regarding the results that may be achieved. I assume financial responsibility for the fees, and will provide payment via cash, credit card, Care Credit or check at the time my pet is discharged from the hospital. Should unexpected life-saving emergency care be required the hospital staff has my permission to provide such treatment and I agree to pay for such services. It has been explained to me that conditions may rise during this procedure whereby a different procedure may need to be performed, and I authorize the veterinarian to do what they feel is needed and necessary.

I am aware that if my pet has fleas, ticks, or any other contagious parasite that the Doctor has authority to treat my pet to decrease chances of exposing other pets

I am aware North Paws Animal Hospital is not an overnight facility, meaning no staff is present after hours even if a pet is boarding/hospitalized.

I have informed the admitting veterinarian or technician of any current or historical illness my pet has had that may be relevant to its treatment.

Phone number(s) at which you or your agent can be reached today and/or tomorrow:

Proof of a current rabies vaccination is required at time of surgery. Pets that do not have a current rabies vaccine or cannot provide proof of vaccination will be vaccinated the day of the surgery

Other Vaccinations: CURRENT Please update today NO I am not interested in vaccinating my pet at this time

Fecal examination (\$39): YES, please check a sample today NO

Any vomiting, coughing, diarrhea in the past 14 days? YES please explain NO

Did your pet EAT this morning? YES NO

Is your pet allergic to any drugs? YES - Which medication(s)? _____ NO

Has your pet had ANY illness or injury in the past 30 days? YES – Explain NO

Is your pet on any medications? YES Which medication(s)? NO

I would like any retained deciduous teeth extracted from my pet during their procedure YES NO
(Extraction of deciduous teeth is \$10 per tooth).

Is there ANYTHING we should know about your pet? **IF FEMALE, WHEN LAST HEAT CYCLE WAS.** (i.e. liver, kidney, heart problems, in heat, pregnant, etc.)

Microchip is a Permanent Pet Identification, proven way to successfully recover your pet if it should be lost or stolen (\$47.25):

YES I would like my pet to have a microchip NO I am not interested at this time my pet already has a microchip

PRE-ANESTHETIC EKG: Anesthesia carries some risk. Therefore, EKGs are recommended before general anesthesia. EKGs evaluate cardiac rhythm and can identify underlying heart disease before going under anesthesia. Without performing an EKG we may not know your pet has underlying cardiac issues that may not be noticed in early stages. Cardiac disease requires special anesthetic agents to avoid putting strain on the heart. (\$51.45) For our feline patients, this cost also includes a Snap ProBNP test which is a quick and easy test that can assess cats at risk for heart disease. **If your pet is over the age of 7 years old, we require an EKG to be performed.**

YES I would like my pet to have an EKG. NO I am not interested in the EKG at this time.

PRE-ANESTHETIC BLOOD TESTING: Anesthesia carries some risk. Therefore, blood testing is recommended before general anesthesia. **If your pet is over the age of 7 years old, we require this blood panel to be run prior to surgery.** The anesthetic agents are often removed from the body by the kidneys and liver, so it is important to know before anesthesia that these organs are functioning correctly. The CBC helps us to determine if your pet is anemic (can be a cause of excessive bleeding). The blood work helps us make the determination to proceed with surgery or not. If there is any indication of organ dysfunction, then appropriate steps can be taken to ensure the safety of your pet. (\$78.75)

YES I would like my pet to have bloodwork done. NO I am not interested in bloodwork at this time

HEARTWORM TESTING: Heartworms are the most life-threatening of all canine parasites. Unchecked, heartworms can restrict the flow of blood to the heart, leading to organ failure. Since heartworm and their larvae reside primarily in the heart and lungs, we recommend a heartworm test before anesthesia for the safety of your pet. Test also screens for Ehrlichia, Anaplasmosis and Lyme disease. **REMEMBER:** If your pet is current on heartworm preventative, a heartworm test is required every year. If your pet is not currently on preventative, or if your pet may have missed a dose of preventative, then a heartworm test is recommended before any anesthetic procedure. (\$49.35)

YES I would like my pet to be tested. NO I am not interested at this time Already tested this year: _____

In the case of an emergency, please elect CPR or DNR

YES- I would like you to perform life saving measures (closed- chest resuscitation) in the case of an emergency. I am aware this may result in an additional charge and performing CPR does not guarantee resuscitation (\$40)

NO- I would not like you to perform life saving measures in case of an emergency.

Financial Responsibility

I, the undersigned, acknowledge receiving services and certify that I will take financial responsibility. In the event that payment is not received and my account becomes assigned to a collection agency, I agree to pay a 20% collection fee, interest in the amount of 15%, court costs, and attorney fees, as allowed by law.

Signature of Owner or Agent (SEAL)

I have read and fully understand the above terms and conditions set forth above.

Owner: _____

Date: _____

Legal Guardian (if owner is under 18): _____

Date: _____