



Client Name: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Species: \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Anesthetic and surgical procedure(s) to be performed:

- anesthesia  castration (neuter)  ovariectomy (spay)  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:**

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Did your pet EAT this morning?  YES  NO

**\*\*Exotics and avians can have food and water until the time of surgery. Food can also be brought along for the pet.\*\***

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

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

To the best of your knowledge, does your pet have any history of becoming nauseous during or after anesthesia? If you answer yes, please explain.  YES  NO

To the best of your knowledge, does your pet have a history of having any other anesthetic complications including but not limited to drug sensitivities, low heart rate, low blood pressure, prolonged recovery, etc.? If you answer yes, please explain.  YES  NO

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.)

Fecal examination within the last year (\$43):  YES  NO  Please check a sample today

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

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.

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. 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 you 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.

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

**FOR FEMALE PETS BEING ADMITTED FOR OVARIOHYSTERECTOMY (SPAY) PROCEDURES ONLY:** If your pet is found during the surgical procedure to be pregnant, do we have permission to spay her and thereby terminate the pregnancy which will result in the death of the fetuses?  YES  NO

**FOR PETS ADMITTING FOR MASS REMOVAL SURGERY:** There is no way to know for certain the malignancy of a mass without a biopsy/pathological review. A pathologist will observe the mass under the microscope to determine exactly the type of mass, if the

entirety of the mass was removed, and if it was removed with "good margins" (i.e. no tumor cells at the edge of the removed tissue).  
Would you like the mass(es) sent to a pathologist for biopsy?  YES  NO

**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

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: \_\_\_\_\_