



Client Name: _____

Pet's Name: _____ Species: _____

Breed: _____ Age: _____ Sex: _____

Anesthetic and surgical procedure(s) to be performed:

- Anesthesia Castration 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:

Did your pet EAT this morning? YES NO

****For Feline and Canine Patients: No food after 9 pm the night before surgery, water is okay.**

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, 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.)

We require DAPP (distemper), Bordetella (kennel cough), and Rabies vaccines for canine patients; FVRCP (distemper) and Rabies for feline patients prior to all elective procedures. This is to ensure the health and safety of all pets in the hospital. If your pet was vaccinated elsewhere, please provide proof of vaccination. If you cannot provide proof of vaccination, your pet will be vaccinated at the doctor's discretion while in hospital on the day of surgery or you may be asked to reschedule.

Initial _____

Fecal examination within the last year: YES NO Please check a sample today

Microchip is a Permanent Pet Identification, 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. 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 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

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.

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

I would like any retained deciduous (baby) teeth extracted from my pet during their procedure YES NO

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

SURGERY COMFORT OPTIONS

*If you would like any of the following to administer at home, please notify NorthPaws AT MINIMUM 24 hours prior to surgery so we can ensure the medication will be ready for pick up the day prior to surgery. If you would to pick up sooner, we MUST receive advanced notice.

-PRE-ANESTHETIC ANXIETY: As much as we want all of our pet patients to enjoy their vet visits and we do our best to provide a 'fear free' environment, some pets still have vet anxiety. For pets who have anxiety about visiting the veterinarian, medication(s) can be dispensed for you to administer at home the night before surgery, and at home the day of surgery to help ease your pet's anxiety while he/she is with us for the day. Would you like for us to send you home with an anti-anxiety medication for your pet prior to his/her procedure and then for after the procedure? YES NO

-NAUSEA/VOMITING POST OPERATIVELY: It is common for pets to experience nausea and/or vomiting after anesthetic procedures. If your pet experiences these symptoms, the veterinarian may choose to administer an anti-nausea medication, which may incur an additional charge. If the veterinarian sees the need, he/she may decide to administer an anti-nausea medication to your pet PRIOR to anesthesia. I understand that if the veterinarians deems it appropriate, my pet may be administered anti-nausea medications prior to, during or after anesthesia and that I will be responsible for charges incurred. Initial: _____

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: _____