



Client Name:

Pet's Name:

Species:

Breed:

Age:

Sex:

**Anesthetic and surgical procedure(s) to be performed:**

- Anesthesia  Castration  Ovariohysterectomy (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 an authorized person can be reached while your pet is in the hospital:**

Primary #: \_\_\_\_\_

Secondary (Optional) #: \_\_\_\_\_

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Did your pet EAT this morning?  YES  NO

**\*\*For Feline and Canine Patients: No food after 6 am the day of surgery, water is okay.\*\***

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

Is your pet allergic to any medications?  YES - Which medication(s)? \_\_\_\_\_  NO

Has your pet had ANY illness or injury in the last 30 days?  YES – Explain  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 being nauseous during or after anesthesia or have a history of 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? (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:** Has your pet had a fecal examination in the last year? **YES**  **NO**  If no, would you like to check a sample today? **YES**  **NO**

**MICROCHIP:** A microchip is a permanent pet identification and is a proven way to increase the chances of successfully recovering your pet if it is lost. Would you like your pet to be microchipped today during their procedure?

**YES** I would like my pet to be microchipped  **NO** I am not interested in a microchip  My pet already has a microchip

If **YES**, please verify email address: \_\_\_\_\_

**PRE-ANESTHETIC EKG:** Anesthesia always carries some risk. Therefore, EKGs are recommended prior to 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, the EKG 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 7 years of age or older, we require an EKG to be performed prior to general anesthesia.** Would you like your pet to have an EKG prior to their procedure today?

**YES** I would like my pet to have an EKG.  **NO** I am not interested in the EKG.  My pet has had an EKG in the last 3 months.

**PRE-ANESTHETIC BLOOD TESTING:** Anesthesia always carries some risk. Therefore, blood testing is recommended prior to general anesthesia. **If your pet is 7 years of age or older, we require this blood panel to be performed prior to 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 your pet is anemic (can be a cause of excessive bleeding). The blood work helps us make the determination of whether 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. Would you like your pet to have pre-anesthetic blood testing prior to their procedure today?

**YES** I would like my pet to have bloodwork.  **NO** I am not interested in bloodwork.  My pet has had bloodwork in the last 3 months.

**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 if you pet is not getting monthly heartworm prevention. This test also screens for Ehrlichia, Anaplasmosis and Lyme disease which are tick borne diseases. **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. Would you like your pet to have a heartworm test completed prior to their procedure today?

**YES** I would like my pet to be Heartworm tested.  **NO** I am not interested at this time  My pet was already tested this year.

**RETAINED DECIDUOUS TEETH:** In the event that you pet has any retained deciduous (baby) teeth would you like them extracted during their procedure  **YES**  **NO** (There is an additional cost for each deciduous tooth that is removed).

**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** **My pets last heat cycle was:** \_\_\_\_\_

**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. Once removed the mass will be sent to a lab where 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**.

**PRE-ANESTHETIC ANTI-ANXIETY MEDICATION:** 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**

\*If you would like any anti-anxiety medication, please notify North Paws 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.

**POST-ANESTHETIC SEDATION MEDICATION:** It is very important to disallow your pet from jumping, running or playing for 2 weeks post-surgery. If your pet is too active following their procedure it can increase risk of post-surgical complications. For pets that we are concerned may be too active after surgery a sedative medication can be dispensed. Would you like us to send you home with a post anesthetic sedative medication?  **YES**  **NO**

**POST-SURGICAL RECOVERY CARE:** It is very important following any surgical procedure for you pet not to lick their incision for 10-14 days. If your pet licks at their incision it increases the chance for incision infection and dehiscence (the incision opening up). To aid in keeping your pet from being able to lick their incision we offer a couple options. Please select below which option you would prefer. (Select one)

**Surgical recovery suit:** A surgical recovery suit is kind of like an animal onesie. This is a great option for abdominal surgical procedures as well as mass removals that are located on the chest or abdomen as it covers these areas keeping your pet from being able to lick at them.

**Elizabethan Collar:** An Elizabethan collar is a plastic or fabric cone that will go around your pets' neck and extend forward past their nose which will keep them from being able to lick at their body or paw at their face.

I will supply my own surgical recovery suit or Elizabethan collar and bring it at time of discharge.

**CPR/DNR STATUS:** Anesthesia always carries some risk. We do everything that we can to make anesthesia as safe for your pet as possible but we can never eliminate anesthetic risk entirely. In the event that your pet would go into cardiopulmonary arrest (their heart stops beating) would you like us to perform CPR (cardiopulmonary resuscitation) or would you like your pet to have a DNR (do not resuscitate) status? (Select one)

- CPR-** I would like you to perform life saving measures (closed- chest cardiopulmonary resuscitation) on my pet in the event of cardiac arrest. I am aware this may result in an additional charge and performing CPR does not guarantee resuscitation.
- DNR-** I would not like you to perform life saving measures on my pet in the event of cardiac arrest.

**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: \_\_\_\_\_