

## *Gateway Animal Hospital General Elective Surgery Consent Form*

Procedure(s) to be performed: \_\_\_\_\_

Client's Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Like you, our greatest concern is the wellbeing of your pet. Our doctors and staff are professionally skilled and trained to provide the absolute best care for your pet and utilize the newest technology available. You have several options available that you may choose for your pet's procedure.

**Pain control:** The control of pain is a very important aspect of the surgical procedure. Our goal is to minimize the inherent discomfort associated with all surgical procedures. We offer state-of-the-art CO2 laser surgery. This laser replaces a normal surgical scalpel blade and results in less surgical bleeding, less tissue swelling and reduced post-op pain even further.

**YES / NO** I would like to add the **Therapy Laser** for an additional **\$11.25**

**YES / NO** I would like to have **post-op pain medications** to take home (average cost **\$22.14**)

**YES / NO** I would like to have a **sedative** to help with post-op activity restrictions. (average cost **\$22.14**)

**\*\*If you are unable to pill your pet, you may have an option for a liquid or transdermal medication. Initial here if you need an optional form of medication. Additional fees will apply.** \_\_\_\_\_

**Blood testing:** An in-house blood test is advised on all patients prior to anesthesia. Disorders of the liver or kidneys can only be detected through blood testing. Since most anesthetics are metabolized by the liver or kidneys, a disease in one of these organs can increase the risk associated with anesthesia. In geriatric or high-risk patients, the doctor may require blood testing prior to anesthesia.

**YES / NO** I would like to have pre-op blood work for an additional **\$57.00**

**IV Catheter:** An intravenous catheter is advised for all anesthetized patients. Catheter placement allows for the immediate administration of any necessary drugs in the event of an emergency. Geriatric and high-risk patients are required to have an IV catheter placed.

**YES / NO** I would like to have an **IV catheter** placed for an additional **\$28.00**

**\*\*Surgery Plus Savings Package\*\***: If you would like to have your pet's surgery performed with the Therapy Laser, pre-op blood testing and an IV catheter placed, we offer a discount package that will save you a total of **\$18.65**.

**YES / NO** I would like to have the **Surgery Plus Package** for an additional **\$77.60**.

*Choosing YES to this package will replace you above choices of the included items.*

**Additional options**: While your pet is asleep, you may want to utilize this time to have additional treatments performed. We offer a complimentary nail trim and routine ear cleaning during the post-op recovery time. Other options include a microchip implant, anal gland expression, ear hair plucking, e-collar and deciduous (baby) teeth extraction. You may also add a bath that will be done before surgery.

**YES / NO** I would like to have a **Home Again microchip implant** for **\$82.00**

**YES / NO** Anal glands expressed **\$28.00**      **YES / NO** Ear hair plucked **\$22.00**

**YES / NO** I would like to have an **E-collar** to take home to prevent my pet from chewing and licking the sutures and incision area. (average cost **\$20 - \$40** size based on patient weight)

**YES / NO** I would like to have any **deciduous (baby) teeth** removed that the doctor deems necessary. It is not unusual for patients to have deciduous teeth that have not fallen out, which can cause future dental issues. The cost is **\$7.75** per tooth that is extracted.

**YES / NO** I would like for the doctor to proceed with **spaying** if my pet is **pregnant or in heat**. Please be aware that if we do not proceed with surgery, you will be responsible for anesthesia, laser and post-op recovery costs.

**Canine cost is \$45**      **Feline cost is \$32.50**

**YES / NO** I would like for my pet to have a **bath** before surgery. Bath prices are based on weight ranges.

**Emergency CPR**: In the event of a life-threatening situation, we will perform external **cardiopulmonary resuscitation (CPR)**. This includes life-saving emergency drugs, IV catheter placement, oxygen therapy, fluid therapy, resuscitation and any other procedures necessary to revive your pet.

Please initial here if you **DO** want to have **CPR** administered to your pet and you understand that there will be additional emergency procedure charges added to your invoice. \_\_\_\_\_

If you **DO NOT** want to have these life-saving procedures performed, your pet will be listed as DNR (Do Not Resuscitate). Please initial here if you **DO NOT** want **CPR** administered.

\_\_\_\_\_

I give my permission to Gateway Animal Hospital to perform the above procedures and treatments.

I have read and understand this document fully to my ability. I understand the procedure to be performed on my pet and have no further questions at this time. I acknowledge there may be concealed health risks to my pet and release Gateway Animal Hospital from any unforeseen complications arising from anesthesia/surgery. I will be available at the phone numbers listed below at all times during the day of the procedure. If the doctor cannot reach either me or my emergency contact by phone, I agree to allow any treatment deemed medically necessary for the health of my pet.

Signed \_\_\_\_\_ Dated \_\_\_\_\_

1<sup>st</sup> contact # \_\_\_\_\_ 2<sup>nd</sup> contact # \_\_\_\_\_

**Emergency contact** – this person is allowed to make financial and medical decisions for you if you are unable to be reached.

Contact name: \_\_\_\_\_ Phone # \_\_\_\_\_