

**Forrest Avenue Animal Hospital, PA**  
**3156 Forrest Avenue**  
**Dover, DE 19904**  
**302-736-3000**

**Dr. Kim Gaines**

**Dr. Robyn Lefort**

**Dr. Robert Henry**

**Owner's Name:** \_\_\_\_\_

**Patient's Name:** \_\_\_\_\_

**Date of Surgery:** \_\_\_\_\_

**Please read and follow the steps outlined below to prepare your pet for surgery. This information is provided with your pet's safety in mind.**

- No food after 10:00pm the night before surgery.
- No water after midnight the night before surgery.
- Drop off your pet between 7:30 – 8:00am on the day of surgery.
- You may call after 3:00pm to obtain your pets condition and tentative release day/time.
- Patients require all vaccines and all vaccines must be current.
  - **Dogs Require: Rabies, Distemper and Heartworm Test.**
  - **Cats Require: Rabies and Feline Distemper.**

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#### **HOSPITAL/SURGICAL CARE INFORMATION**

- **Preparation** – The skin surrounding the surgical area will be clipped and scrubbed with an antiseptic. Equipment used will be sterilized, and surgery personnel will be practicing sterile technique.
- **Anesthesia** – Local or general anesthesia will be used according to the procedure to be performed. There is risk involved with every surgical procedure, and the general condition of your pet, age, etc. affects this risk. Surgery may occur or be delayed/postponed depending upon pre-surgical examination. You will be notified immediately of any abnormal findings.
- **Heart/Respiration** – Monitoring of these functions will occur during the entire procedure.

#### **POSTSURGICAL CARE**

Both staff and doctor(s) will check your pet routinely during their hospital stay, and again prior to discharge. We will meet with you before taking your pet home, and give you more detailed information pertaining to your pet's post-surgical care.

## **Pre-Anesthetic Blood Testing Consent Form**

**\*\*PLEASE READ CAREFULLY, FILL IN ANY INFORMATION AND SIGN\*\***

Your pet is scheduled for a procedure that requires anesthesia. We would like to take this opportunity to explain why pre-anesthetic blood testing is important for the health of your pet.

Like you, our greatest concern is the well-being of your pet. Unless your pet has had a normal physical exam in the last 6 months, a veterinarian will perform a full physical exam today. This may identify any existing medical conditions that could complicate the procedure and compromise the health of your pet.

Because there is the possibility that a physical exam alone will not identify all of your pet's health problems, we strongly recommend that a pre-anesthetic blood profile be performed prior to administering anesthesia. The tests we recommend are similar to and equally as important as those your own physician would run if you were to undergo anesthesia.

It is important to understand that a pre-anesthetic profile does not guarantee the absence of complications. It may however greatly reduce the risk of complications or alter the anesthetic used, as well as identify medical conditions that may require treatment in the future.

**Healthy patients under 8 years of age**

BUN (Kidneys)      Creatinine (Kidneys)  
ALT (Liver)      Glucose (Diabetes/sugar)  
Complete Blood Count (Anemia, Infection, Clotting)

**COST: \$92.01**

ALKP (Liver)      HCT (Anemia)  
Total Protein (Hydration)

**Sick or geriatric Patients**

*Includes all tests listed above, as well as:*

Albumin (Protein)      Phosphorus (Kidneys)  
Total Bilirubin (Liver)      Amylase (Pancreas)

**COST: \$125.78**

Calcium (Tumors)  
Cholesterol

Please complete the recommended blood testing prior to administering anesthesia to <animal>. If abnormalities are found, please contact me at this phone number:

(Signature)

Phone Number

(Printed Name)

Date

**\*\*OR \*\***

I decline the recommended pre-anesthetic blood tests at this time and request that you proceed with anesthesia. I assume full financial responsibility for my pet. I understand that a medical condition may exist which would be impossible to identify during a physical exam alone. I understand that my pet's health could be at risk if such a condition goes undetected when my pet is placed under anesthesia. I have read and understand the above statements.

(Signature)

Date

(Printed Name)

## DENTAL PROPHY ADMITTING FORM

Owner's Name: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Patient's Breed: \_\_\_\_\_

\_\_\_\_\_

Patient's Age: \_\_\_\_\_

Number you can be reached at **TODAY** if the doctor has any questions: \_\_\_\_\_

### **Pet History**

#### **Update Today:**

Cats:     Rabies                       FeRCP                       FeLV

Dogs:         Rabies                       Da2PP  
                   Lyme                             Bordetella

Is your pet on Heartworm Prevention? Yes \_\_\_\_\_ No \_\_\_\_\_

Did your pet eat anything this morning? Yes \_\_\_\_\_ No \_\_\_\_\_

Is your pet allergic to any medications? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your pet had any injury or illness in the past 30 days? Yes \_\_\_\_\_ No \_\_\_\_\_

Any history of seizures and/or previous anesthetic problems? Yes \_\_\_\_\_ No \_\_\_\_\_

Is your pet currently on any medications? Yes \_\_\_\_\_ No \_\_\_\_\_

If so please list medications and how they are given:

\_\_\_\_\_

\_\_\_\_\_

### **Elective Procedures To Be Done At The Same Time:**

There are other simple procedures that do not greatly increase sedation/anesthesia time and therefore can be provided at a fee less than would be required otherwise (when sedation/anesthesia would be required for a separate procedure) when done at the same time as the dental prophylaxis:

- Remove warts/skin tags. (Location: \_\_\_\_\_)
- Microchip Implant \$47.95
- Express Anal Glands \$20.03
- Acquire Fecal Sample and Test for Intestinal Parasites \$24.00

## **Extractions and Other Procedures Consent/Waiver:**

Many pets require sedation before a thorough dental exam can be completed. The condition of each tooth must be evaluated before a decision is made as to the best course of treatment. Although no one likes surprises, it is sometimes impossible to give an accurate estimate before sedation. From an economic standpoint, it is much more economical to complete all needed dental procedures during the initial procedure rather than having to schedule another appointment with additional anesthesia. In an effort to satisfy your desires, please initial the appropriate option below:

1.

- Please perform whatever procedures and extractions that are necessary at this time \_\_\_\_\_
- Please perform whatever procedures and extractions that are necessary up to \$\_\_\_\_\_, \_\_\_\_\_
- Please do nothing more than the requested dental prophylaxis at this time \_\_\_\_\_
- Please call me after the intra-operative exam with an estimate if any additional procedures are needed. Do not proceed without attempting to contact me first, if I cannot be reached in 2 attempted calls:

Please Proceed

Please Do Not Proceed

2.

- Please perform the dental radiographs that are necessary at this time. \_\_\_\_\_
- Please do not perform the recommended dental radiographs. \_\_\_\_\_

## **ANESTHESIA / PROCEDURE CONSENT FORM**

Number where we can reach you **TODAY** if the doctor has a question: \_\_\_\_\_

I am the owner or agent for the owner of the patient, and have the authority to execute this consent.  
I hereby consent and authorize Dr.\_\_\_\_\_ and staff to perform the following procedure(s):  
\_\_\_\_\_

I have been informed of the reason(s) for this procedure, as well as the expected benefits and risks involved.

I understand there are certain risks to anesthesia that could involve serious bodily injury or death, and that these risks are present in any procedure that requires a general anesthetic. I consent to the use of appropriate anesthesia. \_\_\_\_\_ (initial)

Pain relief medication is given as needed before and/or after some procedures. I understand that there are risks associated with the use of any medications. I authorize the use of pain relief medication. \_\_\_\_\_ (initial)

I understand that unforeseen conditions may require an extension of the planned procedure. I hereby authorize the performance of such procedures as are deemed necessary and advisable in the professional judgement of the veterinarian. \_\_\_\_\_ (initial)

If the patient is found to have fleas, they will be treated today **at an additional cost**. \_\_\_\_\_  
(initial)

Proof of vaccination is required for all animals being admitted to this hospital. If there is no vaccination history available or provided, the necessary vaccines will be given today **at an additional cost**. \_\_\_\_\_ (initial)

I understand that all charges shall be paid in full upon the release of the patient from this hospital. If the patient is not called for within 48 hours after the procedure(s) are performed, the patient will be considered abandoned. I understand that this does not relieve me from paying for all of the costs of services rendered during this time. \_\_\_\_\_ (initial)

I have read and understand this consent form. I realize results cannot be guaranteed. I consent to the proposed procedure(s).

\_\_\_\_\_ (Signature)

\_\_\_\_\_ Date

\_\_\_\_\_ (Printed Name)