



Small Paws VETERINARY CLINIC

1505 N. Road Street, Elizabeth City, NC 27909, 252-384-0109

PRE-SURGICAL ANESTHESIA CONSENT FORM

Your pet, _____, will be undergoing a procedure using anesthesia today. Our greatest priority is the health and wellbeing of your pet. To ensure your pet's safety, we will conduct a full exam before the procedure. All patients will have oxygen levels, blood pressure, respiratory rate and body temperature monitored throughout the procedure.

We highly recommend a pre-anesthetic blood profile for pets prior to surgery. State of the art technology allows us to run blood chemistries in-house, minutes before anesthetic induction. The test results are helpful in giving us your pet's normal baseline values in the event your pet ever becomes sick in the future.

***** ALL PETS OVER 7 YEARS OF AGE ARE REQUIRED TO HAVE PRE-ANESTHETIC BLOOD WORK PERFORMED****

- **Profile #1**---Recommended for healthy patients under 7 years of age----- \$84.70
Blood clotting time, Prep profile which includes: ALT (Liver), ALP (Liver), BUN (Kidneys), GLU (Glucose), CRE (Kidneys), TP (Hydration/immune system).
- **Profile #2**---Recommended for healthy patients under 7 years of age----- \$139.70
CBC (infection), Blood clotting time, Prep profile which includes: ALT (Liver), ALP (Liver), BUN (Kidneys), GLU (Glucose), CRE (Kidneys), TP (Hydration/immune system).
- **Profile #3**---Required for pets older than 7 years of age----- \$163.90
CBC (infection), Blood clotting time, Comprehensive profile which includes: ALB (Protein), ALT (Liver), ALP (Liver), AMY (Pancreas), BUN (Kidneys), Calcium, CRE (Kidneys), GLOB (infection), PHOS (Kidneys), GLU (Glucose), K+ (Potassium), NA + (Sodium), TBIL (liver), TP (Hydration/immune system)

_____ **Yes**, I would like a blood panel performed. **Profile #** _____

_____ **No**, I decline the recommended testing and request to proceed with anesthesia. I understand the risks involved with putting my pet under anesthesia without pre-anesthetic testing and agree to not hold Small Paws Veterinary Clinic responsible if complications occur.

BLOODWORK CANNOT BE DECLINED FOR PATIENTS OVER 7 YEARS OF AGE.

Signature of owner or authorized agent:

NAME: _____

DATE: _____

SURGERY & ANESTHESIA QUESTIONNAIRE

Your pet _____ is here for _____ surgical/dental procedure today on _____ date.

Pain management **will be** part of the protocol during your pet's surgical/dental procedure and during recovery. Cost is determined by weight. If the doctor feels, that long term pain management is not necessary, pain medication will not be dispensed.

RABIES VACCINATION IS REQUIRED; THIS IS ALSO NC STATE LAW

We don't like fleas or ticks. They are icky and carry disease. For your pet's safety as well as the staff's safety, all patients that have fleas and/or ticks will be treated at the owner's expense.

Mass Removals Only:

A Histopathology Report can help determine if a lump is cancerous or non-cancerous. If it is cancer, it can also determine the type and extent of it. We send out our samples to an outside laboratory where a pathologist performs a close examination of the tissues and cells present. We receive results typically in 3-5 business days. The price depends on the type and number of samples sent. Additional samples sent in will increase the price.

I authorize Histopathology testing

Yes _____ No _____ Please specify location of mass _____

I understand that if my female dog is being admitted for an ovariohysterectomy (spay) and at the time of surgery, is found to be "in heat" or pregnant, there will be additional charges for the procedure. This is due to additional surgery and anesthesia time required to perform the procedure.

Other elective options available while your pet is under anesthesia include:

Nail Trim \$22.00 Yes _____ No _____

Anal gland expression \$30.80 Yes _____ No _____

Microchipping:

We like to offer microchipping to all our patients while they are under anesthesia. During this procedure, a small chip is placed under your pet's skin. This chip contains a number which is then linked to your personal information such as your address and phone number. If your pet ever becomes lost and is brought to a veterinary clinic, animal shelter or other animal facility, your pet will be scanned for a microchip which could help find their way back to you. The cost of the microchip placement, including activation, is \$84.70

_____ **Yes**, I would like my pet to be microchipped while under anesthesia.

_____ **No**, I would not like my pet to be microchipped while under anesthesia.

Retained baby teeth:

Extraction of retained baby teeth is recommended for the health of the adult teeth. This will only be done to pets 6 months and older. Would you like any retained baby teeth extracted? The cost of this procedure is \$91.30.

_____ **Yes**, I would like the retained baby teeth extracted while under anesthesia

_____ **No**, I would not like the retained baby teeth extracted while under anesthesia.

Heartworm testing:

If your pet is not currently on heartworm prevention, we recommend that your dog be tested for heartworms and placed on once monthly heartworm prevention.

Your cat may be started on heartworm prevention without testing.

Would you like your dog tested for heartworms? The cost of this test is \$67.00.

Yes_____ **No**_____

We recommend your cat be tested for feline leukemia/feline immunodeficiency viruses. Would you like your cat to be tested? The cost of this test is \$67.00.

Yes_____ **No**_____

Please list any other issues you wish to have addressed today:

Please leave all phone numbers where you may be reached today while your pet is having their procedure.

If you are not available, please give a name and number for the individual that you authorize to make medical decisions for your pet:

If, for any reason, I am unavailable at the above listed numbers when you call, please

Perform whatever procedures are needed.

Additional fees, beyond the estimated procedure costs, will be charged to my bill for these procedures.

Do only what I have authorized on this form.

I understand that my pet may have to undergo another anesthetic episode and/or return to the clinic at another date, to complete treatment.

Signature _____ Date _____