



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 well being of your pet. In order to provide the safest anesthetic event for your pet, we will perform a full exam prior to the procedure. All patients will have ECG, oxygen levels, blood pressure, respiratory rate, & body temperature monitored throughout the procedure. In addition, we highly recommend a pre-anesthetic blood profile for pets up to 7 years of age to ensure your pet is in a low risk category. 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 bloodwork performed****
Profile 1---Pets younger than 7 years of age-----\$61.00

Blood clotting time, Prep-profile which includes: ALT(liver), ALP(liver), BUN(kidneys), GLU(blood glucose), CRE(kidneys), TP(hydration/immune status)

- Profile 2---Pets younger than 7 years of age ----- \$105.00

CBC (infection) , Blood clotting time, Prep-profile which includes: ALT (liver), ALP (liver), BUN (kidneys), CRE (kidneys), GLU (blood glucose), TP (hydration/immune status).

- Profile 3---Pets older than 7 years of age -----\$121.00

CBC (infection), Blood clotting time, Comprehensive profile which includes: ALB (protein), ALP (liver), ALT (liver), AMY (pancreas), BUN (kidneys), Calcium, CRE (kidneys), GLOB (infection), PHOS (kidneys), GLU (blood glucose), K+ (potassium), NA+ (sodium), TBIL (liver), TP (hydration/immune status).

- If you would like additional blood profile performed for your pet, beyond its age requirement, please fill in the blank with the desired profile_____

_____Yes, I would like blood panel performed

_____No, I would not like blood panel performed

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

Please list any other issues you wish addressed today:

Pain management will be part of the protocol during your pets surgical/dental and during recovery. If you wish for pain management medications to accompany your pet home (especially important for declaws) please indicate by checking yes. Cost is weight related.

Yes_____ No_____ (pain Management medications for home care)

There will be some extensive procedures where pain management is non-optional

- *Rabies Vaccination is required; this is also the 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 staffs all patients that have fleas or ticks will be treated at owner's expense.*

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

- **Micro-chipping:**

We like to offer micro-chipping to all of 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 his way back to you. The cost of micro-chip placement, including activation of the chip is \$62.00.

_____ Yes, I would like my pet to be micro-chipped while under anesthesia

_____ No, I would not like my pet to be micro-chipped

- Extraction of retained baby teeth is recommended for the health of the adult teeth. This will only be done to pets 6 months or older. The cost for this procedure is \$66.00

Yes_____ No_____

- 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 \$46.50

Yes_____ No_____

- Has your cat been tested for feline leukemia/feline immunodeficiency viruses?
_____ Y/N, if not, we recommend testing. The cost of this test is \$50.00

Yes_____ No_____ (testing requested)

Please leave all phone numbers where you may be reached today while your pet is having its procedure: _____

If you are not available please leave name & number for the individual you authorize to make medical decisions for your pet: _____

If, for some 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 _____