

THE ANIMAL CLINIC P.C.

Surgery and General Anesthesia

Your pet's safety and comfort are our number one concern here at The Animal Clinic P.C. Before your pet has surgery it will be examined for any problems that could interfere with anesthesia and will be monitored after surgery to help ensure that your pet has a safe, wonderful recovery. We are happy to report that our patients do very well and we expect all to go smoothly.

For our mature patients (over 6 years of age) and for any pets that have chronic health problems, we recommend more extensive medical tests to evaluate the safety of anesthetics and surgery. A doctor or technician will discuss this with you. Sometimes we adjust the medicine or the procedure to make it safer for the pet. Occasionally we postpone surgery until a medical problem is resolved.

For our healthy, younger patients, pre-anesthetic blood testing, though not critical, can help put your mind at ease by seeing that all is well. And certainly, on very rare occasions, problems are detected that change our plans.

Please let us know if you have questions about this testing. If you would like this testing done, please note below.

Pre Anesthetic blood testing has to be done the day before surgery

PERFORM PRE-ANESTHETIC BLOOD TESTING FOR MY PET ___ YES ___ NO

PAIN MANAGEMENT FOR MY PET ___ YES ___ NO

Microchip Identification: Prepare for disaster. Very few lost pets find their way home without permanent identification. We can implant a MICROCHIP while your pet is sedated for \$60.00 () YES () NO

PROCEDURE(S) _____ DATE _____

PET: _____

OWNER'S NAME: _____

I hereby authorize and direct The Animal Clinic P.C. to perform the procedure(s) noted above and to administer anesthetics or other drugs as deemed advisable for my pet. I do hereby and by the presents forever release the said doctor, his agents, servants, or representatives from any and all liability arising from said surgery on said animal. I understand that anesthesia and surgery always involves some risk to my pet (such as unknown internal physical abnormalities, medication allergies, surgical complications, internal bleeding, shock, incision dehiscence, and post-surgical infections): and agree to hold you harmless, in the absence of negligence, in connection with these procedures. I acknowledge that no guarantee or assurance has been made to me as to the results that may be obtained

SIGNATURE OF OWNER/RESPONSIBLE AGENT: _____

PHONE NUMBER WHERE YOU MAY BE REACHED: _____

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the New
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ALWAYS LOOKING OUT FOR YOUR PET