

**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 pet's 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.**

---

## **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.

|       |                                                               |                              |
|-------|---------------------------------------------------------------|------------------------------|
| _____ | <b>Healthy patients under 8 years of age</b>                  | <b>COST: \$92.01</b>         |
|       | BUN (Kidneys)                      Creatinine (Kidneys)       | ALKP (Liver)    HCT (Anemia) |
|       | ALT (Liver)                          Glucose (Diabetes/sugar) | Total Protein (Hydration)    |
|       | Complete Blood Count (Anemia, Infection, Clotting)            |                              |

|       |                                                             |                       |
|-------|-------------------------------------------------------------|-----------------------|
| _____ | <b>Sick or geriatric Patients</b>                           | <b>COST: \$125.78</b> |
|       | <i>Includes all tests listed above, as well as:</i>         |                       |
|       | Albumin (Protein)                      Phosphorus (Kidneys) | Calcium (Tumors)      |
|       | Total Bilirubin (Liver)              Amylase (Pancreas)     | 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)

**\*\*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)

# SURGERY 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 If Vaccinations aren't current, select which to update today:

### Update Today

CATS:  Rabies  
 FERCP  
 FeLV

### Update Today

DOGS:  Rabies  
 DA2PPv  
 Lyme  
 Bordetella

Is the pet on heartworm preventive? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Is your pet allergic to any drugs? Yes \_\_\_\_\_ (what \_\_\_\_\_) No \_\_\_\_\_

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

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

Current medications? \_\_\_\_\_

Procedure To Be Performed: Spay  Neuter  Declaw  Other \_\_\_\_\_

## Elective Procedures To Be Done At The Same Time: (INITIAL)

- Extract Deciduous (baby) Teeth \_\_\_\_\_
- Fecal \_\_\_\_\_
- Dental Prophy (Tech Dental) \_\_\_\_\_
- Microchip Identification Implant \_\_\_\_\_
- Repair Umbilical Hernia \_\_\_\_\_
- Repair Inguinal Hernia \_\_\_\_\_
- Remove Warts/Skin Growth (Location: \_\_\_\_\_) \_\_\_\_\_

Pre-op Exam: Temp: \_\_\_\_\_ Weight: \_\_\_\_\_

| No                       | Yes                      | Yes                      | No                       | Yes                      | No                       |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Ears  
Teeth  
Skin  
Nails  
Fleas Present?  
Rear Dewclaws Present?  
Umbilical Hernia Present?  
Deciduous ("Baby") Teeth Present?  
2 Testicles (Neuter)  
In Heat/Pregnant (Spay)

Admitting Tech Initials \_\_\_\_\_

**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)