

Wallenpaupack Veterinary Clinic

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Surgical Consent

I do hereby request Wallenpaupack Veterinary Clinic to hospitalize my pet to have the following procedure(s) performed: Anesthesia +

I understand that there are risks associated with anesthesia and surgery, and that my veterinarians will do their best to minimize these risks. I understand that during the performance of the foregoing procedure(s) or operation(s), unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure(s) or operation(s) of different procedure(s) or operation(s) than those set forth above. Therefore, I hereby consent to and authorize the performance of such procedure(s) or operation(s) as are necessary and desirable in the exercise of the veterinarian's professional judgment. I authorize the use of appropriate anesthetic and other medications and I understand that the hospital support personnel will be employed as deemed necessary by the veterinarian. I realize that results cannot be guaranteed.

If my animal's condition changes such that additional treatment is needed, the veterinarians will try to contact me; if I cannot be reached, I authorize them to perform such treatment as they deem necessary. I will pay for all procedures performed when I pick up my pet. If my pet is found to have fleas or ear mites prior to the procedure, I understand that my pet will be treated and an additional fee will be charged for this service.

We will perform a full physical examination on your pet before administering anesthesia. However, we recommend a pre-op mini-screen blood profile (PCV, Total Protein, Creatinine, SGPT, CBC) to check liver and kidney function, as well as blood counts. **This blood work is required for any animal that is 5 years old or older.** An Electrocardiogram is also recommended. These tests are especially important for our mature patients (over 5-6 years of age) and for any pets that have chronic health problems, we may also recommend more extensive medical tests to evaluate the safety of anesthetics and surgery. **Occasionally we must postpone surgery until a medical problem is resolved.**

Even for our healthy, younger patients, pre-anesthetic blood testing is recommended to establish a normal baseline for that pet and make anesthesia as safe as possible, and certainly, on very rare occasions, problems are detected that change our plans. **If your pet is 7 years old, or older, an intravenous catheter will be inserted and fluids administered for any procedure.**

PA State law requires all dogs and cats be vaccinated against Rabies. If you do not have a current Rabies Certificate, we will need to vaccinate today. The additional cost to you will be \$29.00.

PLEASE PERFORM PRE-ANESTHETIC BLOOD TESTING PRIOR TO SURGERY (\$67.00)
PLEASE PERFORM AN ELECTROCARDIOGRAM PRIOR TO SURGERY (\$52.00)

I have elected to refuse the recommended blood work prior to surgery. **Required if the pet is 5 years old or older.**
I have elected to refuse the recommended Electrocardiogram prior to surgery.

HOMEGAIN Pet Microchip Identification system is a nationwide system for recovering lost or stolen pets. It utilizes a tiny microchip, the size of a grain of rice, which is implanted between the animal's shoulder blades. Individual numbers are registered in the national database managed by Companion Animal Recovery, a division of the AKC. When a lost pet arrives at a participating animal shelter or veterinarian clinic, a Scanner is used to identify the unique encoded number on the microchip and the owner is identified and contacted immediately. The procedure takes seconds and is recommended for companion pets of all species, breed and ages. The microchip fee is \$40.00 and the fee to register with the national database is \$19.99.

YES, I request the Home again Microchip be implanted in my pet during today's surgery.
NO, I decline to have my pet micro-chipped today.

Sedation is not necessary for this procedure, but consider having your pet microchipped while here today

PA now offers a lifetime license for microchipped dogs. Details available at the clinic

Yes, I request an e-collar (Recommended to help prevent trauma/infection to incision site)
I understand that by selecting YES, an e-collar will be fitted for my pet and is non-refundable
No, I decline to purchase an e-collar

NAME OF PET: _____

PRINT NAME OF OWNER _____

SIGNATURE OF OWNER/RESPONSIBLE AGENT: _____

PHONE NUMBER WHERE YOU MAY BE REACHED TODAY: _____

Please bring this completed form with you the day of the surgery