

Andover Animal Hospital

233 Lowell St., Andover, MA 01810
978-475-3600

Client Name: _____

Patient Name: _____ Client #: _____

Procedure(s): _____ Date: _____

Canine Surgical Consent Form

(*please initial your choice of the following options)

1. Pre surgical blood screens:

Blood work already done _____

_____ **Tier I** - Consists of PCV/TS, Blood Urea Nitrogen and Blood Sugar. Cost-- **\$25.00.**

Recommended for dogs under 3 years old, undergoing elective surgical procedures, such as spay/neuter. Screens for anemia, dehydration, kidney problems, and blood sugar abnormalities.

_____ **Tier II** - Consists of a PCV/TS, and Chemistry Profile. Cost-- **\$80.00**

Recommended for any dog 3-7 years old requiring anesthesia. In addition to the above, it gives us a better picture of internal organ function.

_____ **Tier III** - Consists of a Chemistry Profile and a Complete CBC. Cost-- **\$138.00.**

For older or very sick animals. Shows organ function as above plus provides platelet and white blood cell counts.

2. Fluid Administration During Surgery:

_____ **IV Fluids:** recommended and **required** for pets over 7 years of age, sick pets, or pets that will be under anesthesia for an hour or more. This is the best way to keep blood pressure normal and keep internal organs healthy and hydrated during anesthesia. Intravenous fluids given through a catheter cost **\$35-\$70.**

_____ **SQ Fluids:** recommended for young, healthy pets to prevent dehydration and speed recovery. Cost **\$15-\$30.**

I decline all fluid administration.

3. Heartworm/Lyme/Ehrlichia Testing: A negative heartworm test is required within a year prior to surgery.

_____ I consent to my pet having a heartworm/Lyme/Ehrlichia test at a cost of **\$46.00**

Heartworm test already done on this date _____

4. Post-Operative Pain Medications:

Pain medication is used with every procedure and aids in a more comfortable and swifter recovery. For most surgical procedures we will send home pain medication for you to give to your pet.

_____ I understand I will be receiving pain medicine(s) to give my pet at home.

_____ I do not want my pet to have additional post-operative pain medication.

5. Dental Procedures:

_____ **Dental Level 1 and 2-** I am aware that extractions are rare but may be necessary. A maximum of two extractions with x-rays will be an additional cost of **\$100.**

Dental Level 3 and 4- usually have extractions (**\$30-\$90**) and x-rays(**\$50-\$140**) as quoted.

I approve full mouth baseline x-rays at **\$140** additional.

6. Emergencies:

_____ I hereby authorize treatment in the case of an unforeseen emergency. I wish to be notified as soon as possible.

_____ Do Not Resuscitate(DNR). I wish to be notified prior to treatment of an unforeseen emergency. I understand that the delay in treatment could result in serious complications, including death.

7. _____ I would like my pets nails trimmed pain free/stress free while under anesthesia **\$12.00**

*I hereby give my consent and authorize the use of **general anesthesia** on my pet. I understand that there are possible reactions, allergies and other sensitivities, that may result in **complications** including death of the patient. These reactions are uncommon, but still occur in a small percentage of patients.

I am also accepting that risks and complications are an inherent part of any surgical or medical procedure. I understand my pet is not supervised 24/7.

Signature _____