



Andover Animal Hospital , Inc
233 Lowell Street, Andover, MA 01810
(978) 475-3600

Canine Surgical Consent Pg 1

Client Name: .

Patient Name:

Client ID #:

Procedures(s): _____ Date: _____

General Anesthesia:

EMERGENCY CONTACT # _____

Pre-Surgical Blood Screening

_____ I understand my pet will have blood drawn for routine screening based on his/her age. This screens for anemia, dehydration, blood sugar, and internal organ function.

Bloodwork already completed on this date: _____

_____ I understand a negative Heartworm Test is **required** within one year of my pet's procedure, and my pet **will** be tested if he/she is not up to date at the additional cost of **\$76**.

Fluid Administration

_____ Subcutaneous fluids are given underneath the skin to prevent dehydration and speed anesthetic recovery. I understand my pet will receive **Sub-Q fluids** during his/her procedure.

_____ **IV fluids** are required for pets 7 years of age or older, and recommended for sick pets, or pets who will be under general anesthesia for one hour or more. This is the best way to maintain blood pressure, hydration, and to provide rapid venous access in the event of an emergency. I understand my pet will receive IV fluids during his/her procedure.

Pain Medication

_____ I understand that pain medication is used with every procedure and aids in a more comfortable and faster recovery. I understand that for most surgical procedures I will be given additional pain medication to give my pet at home.

Microchipping

_____ Please microchip my pet during his/her procedure at the additional cost of **\$62**. This includes the microchip and the first year of registration.

Nail Trim

_____ Please trim my pet's nails during his/her procedure at the additional cost of **\$15**.

Flea and Tick

Flea and Tick preventative is **required** for all animals admitted to the hospital within 30 days all year round.

Please indicate what preventative has already been given: _____

Please give K9 Advantix II at my expense. Initial here: _____

Emergency Treatment

_____ I hereby authorize treatment up to and including chest compressions, medications, and artificial respiration in the case of an unforeseen emergency. I understand that these interventions can be costly and outcome is not guaranteed. If the hospital staff is unable to reach me, and the doctors' medical judgment determines that there is no hope for success, I understand the staff will discontinue resuscitation.

_____ Do Not Resuscitate my pet (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.



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Canine Surgical Consent Pg 2

Client Name: . .	
Patient Name: .	Client ID #:
Dental Procedures:	
Estimated Levels 1 and 2	
_____ I understand extractions are rare, but may be necessary. Two x-rays and extractions along with additional pain medicine are at an additional cost of \$150-\$275 .	
Full mouth x-rays are recommended as standard of care and are the only way to fully evaluate the health of your pet's teeth.	
_____ I approve baseline full mouth x-rays for my pet during his/her dentistry. Additional cost is \$177 .	
_____ I decline baseline.	
Estimated Level 3 and 4	
_____ I understand that x-rays and extractions are usually necessary. The cost for x-rays and extractions is as quoted by the doctor.	

Vaccinations:
 All animals **must** be up to date with **required** vaccines to board in our facility. Any needed vaccines administered will **require** an exam for the additional cost of \$79.
 Any exam, vaccinations and/or testing required for boarding **will** be done and charged to your account without prior documentation.

Please mark the needed vaccines and procedures. (Ask a staff member if any questions)

<input type="checkbox"/> Wellness Exam \$79	<input type="checkbox"/> Lyme \$51
<input type="checkbox"/> Canine Dist (DHLPP or DHPP) \$33 (Exam req)	<input type="checkbox"/> Fecal Sample \$47
<input type="checkbox"/> Leptosporosis \$33 (Exam required)	<input type="checkbox"/> Heartworm Test (4DX) \$76
<input type="checkbox"/> Rabies \$25 (Exam required)	<input type="checkbox"/> Heartworm Test and Wellness Screen (ages 2-6) \$165
<input type="checkbox"/> Bordatella/Parainfluenza \$39	<input type="checkbox"/> Senior Wellness Screen (ages 7 and up) \$190
<input type="checkbox"/> Canine Influenza \$44	<input type="checkbox"/>

We will be vaccinating your pet while he/she is here as indicated above. We want to inform you there is a possibility your pet may experience lethargy and a mild fever for 24-48 hours. This is a typical response. Adverse reactions include severe vomiting or diarrhea, difficulty breathing, hives and/or swollen face. Reactions usually occur within 30-60 minutes from vaccination but can occur up to 24 hours later. If your pet has a reaction, we will contact you immediately.

Please initial you have read the above paragraph _____

I hereby give my consent and authorize the use of general anesthesia for my pet. Andover Animal Hospital strives to decrease anesthetic risk by doing pre-operative examinations and labwork. In some cases the doctor may recommend intravenous fluids and/or further diagnostic tests.

There is always risk with anesthesia. Risk of anesthesia can include cardiac or respiratory arrest, rarely causing death. Other possible anesthetic complications can include allergic reactions, vomiting leading to pneumonia, eye irritation or damage, irritation or injury to the throat, blindness, deafness, cardiac arrhythmias, slow anesthetic recovery, seizures, vomiting, diarrhea, lethargy, coughing, excitement, low or elevated body temperature, and organ damage.

Andover Animal Hospital cannot be held accountable for unforeseen anesthetic complications or cost associated with unforeseen anesthetic complications.

I have read and understand the possible complications associated with anesthesia for my pet.

I understand that my pet is not supervised overnight.

Signature: _____ Text Message Number: _____
 Emergency Contact Number: _____ E-Mail Address: _____
 Date: _____ Employee Initials: _____