

Client Information											Patient												_		
First Name:	irst Name:									Na	ame:														
Last Name:							T	Ť		Ag	ge	:	Ť	Ť	Ť	Ť	Ť	Ť				\square		T	Ĩ
Procedure IMPORTANT: Any procedures																									
Procedure(s) being) perf	orme	d for v	vhicł	h your	pet	mus	st k	be sec	lat	ec	l:											ly sche		
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Date of Procedure:						++	+	+	_	┢	╈			┝	+	-	-	+	+		lk to i	us DIR	ECTLY	'abo	
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EMERGENCY CON List contact number				ho	roach		אחו	v	durin	ak	201	foro	or o	fto	r th	o n	roc	odi	iroc	in ca		ofor	nora	onc	
or otherwise:		ere y	ou car	i be i	leache			11	dunn	y, ı	Je	iore, o		litte		e p		eut	lles		ise (леп	nerg	enc	у
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Dental Extractions: It interfering with the ass infection for other orga found to be diseased th between \$57-\$68 per e	sessmo an syst hey m extract	ent. Se tems (ay rec tion.	everely (liver,ki quire ar	dise dney n exti	ased te r,lungs raction	eeth c and l or re	an o near ferra	t). I al t	ise cor During o a de	nsic g th nta	den ne nl s	rable p denta pecial	oain cle ist f	an ani	d di: ng, '	scor the	nfo tee	rt a th a	nd a re e	re a s valua	ouro ted,	ce of and	if		
* Initial	autho	orize al	ll medi	cally	necess	ary e	xtra	ctio	ons be	e pe	erfo	ormed	l.												
* Initial I prefer to be called before any extractions are performed. If I cannot be reached, I <u>do not</u> authorize any extractions to be performed.																									
* Initial	would	l prefe	er to see	ek ou	ıt a der	ntal sp	beci	alis	st for f	urtl	he	r treat	me	nt s	uch	as r	oot	: car	nals,	filling	gs, e	xtrac	:tions	etc	
Surgical Requirement * Initial	s and	luno	otions: derstan be plac	id tha	at pre-	opera	tive	bl	oodw	ork	w	ill be p	perf	orm	ned	if re	qui	red	on r	ny pe	et, al	so ar	ו IV C	athe	eter
* Initial I understand that my pet will be administered pain medication and antibiotics at an additional charge.																									
* Initial I would like an AKC Reunite Microchip implanted at a additional cost.																									
* Initial Please perform post-surgical Photobiomodulation Therapy on my pet (PBMT commonly referred to as Laser Therapy) at additional cost. For more information see reverse side of this page.														red											
Would you like your pet's nails trimmed while sedated? *Free of Charg												/ill you	ı be	pro	ovid	ing	you	ır ٥١	wn E	-collar for this pet?					
Yes	No											Ye	s*		Ν	lo, l	wil	l pu	rcha	ase or	ne he	ere**	ŕ		
										Yes* No, I will purchase one here** *If yes, please bring the E-collar at time of pickup. **We will provide one as needed for recovery.															
			Please	Do	ad Th	orou	ahl	s	. Cia		5	o Dar						e as r	neede	d for r	ecove	ery.			
Please inform us in adva	anco if						-	-	-			-						th	Tho	ir cuit	ahil	ity fo	vr nor	+_	
operative pain manage necessary medications	ment	and a	ntibioti	c tre	atmen	t is at	the	so	le disc	ret	ioı	n of th	e D	oct	or. [.]										ıy
As the owner, or agent of and treatments to my p extension or variance in procedure(s).	et. I u	Inders	tand th	nat d	uring t	he pr	oce	du	re, unf	ore	ese	en co	ndit	ion	s m	ay b	e re	evea	aled	that	nece	essita	ate th	e	
While I expect all procee ethically or professional Payment is due at the ti	lly be	made	regard	ling t	he res	ults o	r cui	re.	lunde	erst	ar	nd I as	sum	ne fi	nan	cial	res	por						nty	can

Signature of Owner or Agent: _



Lake Alfred ANIMAL HOSPITAL Informational Client Handout

Anesthesia and Surgery

Anesthesia is a serious matter and your pet's safety during and after anesthesia is our priority. We monitor each patient and provide thermal support during anesthesia. We place IV catheters before anesthesia and provide fluids during anesthesia. We also perform pre-anesthetic blood-work on almost all procedures, and it is automatically mandatory on patients 7 years of age or older, or any patient for which the operating surgeon deems it as required.

We place an intravenous catheter and provide fluids for cardiovascular support and for intravenous access for medications during surgery and in case of an emergency. We recommend that pre-operative blood-work is done on every patient. It helps in determining relative risk of anesthesia, it directs anesthetic choices, and it helps us to correctly monitor and manage your pet during and after surgery. As an added benefit, this blood-work panel will remain in your pet's health record, providing a "baseline" for comparison as your pet's health changes throughout their life.

The wellbeing of your pet is our greatest concern, their wellbeing is our passion and why we do what we do.

Vaccination & Additional Requirements Prior to Surgery

Dogs - Up to date Rabies, DA2PP, Bordetella & Negative Heartworm Test **Cats** - Up to date Rabies and FVRCP

*If your pet is not current on vaccines at this time but has previous vaccine history, we can vaccinate day of procedure to meet the requirements.

**Previous vaccine history is required, even if expired. If your pet does not have ANY vaccine history, an exam and vaccines are required 2-3 weeks prior to surgery.

Blood Work Prior to Surgery

Blood work helps in determining relative risk of anesthesia, it directs anesthetic choices, post-operative medications, and it helps us to correctly monitor and manage your pet during and after surgery. As an added benefit, this blood work panel will remain in your pet's health record, providing a "baseline" for comparison as your pet's health changes throughout their life.

(Laser Therapy)Photobiomodulation Therapy or PBMT

Recently available high-power, Class IV therapy lasers allow us to deliver adequate effective doses of light deep into tissue to reduce pain, reduce inflammation, and accelerate healing. This technology is used across the veterinary, and human We are excited to be able to offer PBMT for post-surgical application. PBMT offers the following benefits:

-PBMT reduces pain and swelling associated with surgery

-PBMT increases blood flow to tissues to improve function and promote healing

-PBMT helps speed recovery



Other packages are available for continued treatments.