



Lake Alfred ANIMAL HOSPITAL Anesthesia Release Form

CLINIC USE ONLY: Admitted By:

Client Information

First Name: [grid]

Last Name: [grid]

Patient

Name: [grid]

Age: [grid]

Procedure

Procedure(s) being performed for which your pet must be sedated:

[grid]

Date of Procedure: [grid]

EMERGENCY CONTACT NUMBER

List contact number where you can be reached TODAY during, before, or after the procedures in case of emergency or otherwise: [grid]

Please read the following information carefully and sign

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

Please Read and Initial Correct Statements Where Applicable

* Initial [grid] I understand that pre-operative bloodwork will be performed if required on my pet, also an IV Catheter will be placed.

* Initial [grid] If pre-operative bloodwork IS NOT required for my pet's procedure, I still elect for it to be performed.

* Initial [grid] I understand that my pet will be administered pain medication and antibiotics at an additional charge. These charges also apply to Humane Society Voucher Spay and Neuters, the voucher covers the cost of the surgical procedure itself only.

* Initial [grid] I would like an AKC Reunite Microchip implanted (\$35.00 additional, includes lifetime registration).

* Initial [grid] Please perform post-surgical Photobiomodulation Therapy on my pet (PBMT commonly referred to as Laser Therapy). For more information see reverse side of this page. (\$15.00 additional, other packages available).

Please list below any additional procedures you would like performed on your pet, please discuss your request with admitting staff.

[grid]

Please Read Thoroughly & Sign

Please inform us in advance if you have any medications for your pet at home, what type and strength. Their suitability for post-operative pain management and antibiotic treatment is at the sole discretion of the Doctor. There will be additional charges for any necessary medications given at the time of the procedure and those sent home with you.

As the owner, or agent of the owner, of the animal above, I hereby give my consent to Lake Alfred Animal Hospital to perform surgery and treatments to my pet. I understand that during the procedure, unforeseen conditions may be revealed that necessitate the extension or variance in the procedure. I expect Lake Alfred Animal Hospital to use reasonable care and judgment in performing the procedure(s).

While I expect all procedures to be done to the best of the abilities of the professional staff, I realize that no guarantee or warranty can ethically or professionally be made regarding the results or cure. I understand I assume financial responsibility for all services. Payment is due at the time services are rendered. A written estimate will be provided upon request.

Signature of Owner or Agent: _____

Date: _____

Typical Procedures Where Blood Work is Required

Blood work is required for C-sections, Surgical Inseminations, Orthopedic Procedures, Ear Crops, Exploratory Surgery, Urinary System Surgeries, and any other lengthy procedure or procedure where blood loss is expected. Any procedure on any patient who is over the age of 7 years, or a puppy/kitten, otherwise debilitated patients, or patients specially vulnerable or sensitive to anesthesia.

Many simple procedures on healthy pets may not require pre-operative blood work, especially on pets who are up to date on yearly examinations or have had recent check ups including blood work. Whether or not your pet will have blood work performed is at the discretion of the operating surgeon. You MAY however elect to ALWAYS perform blood work on your pet even if there is no requirement for the particular procedure being performed, and this is what we recommend.

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.



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

The post-surgical one time treatment cost is \$15.00 dollars.
Other packages are available for continued treatments.