

Please review the following additional and/ or optional procedures and treatments before signing the consent form.

Pre-Anesthetic Bloodwork (Cost \$58)

This checks for diabetes, liver disease, and kidney disease. Abnormalities in any of these can result in increased anesthetic risk. If there are any significant abnormalities in the bloodwork the veterinarian performing the surgery will notify you before your pet undergoes the procedure.

Pain Medications to Go Home (Dogs Cost- \$11-22 , Cat Cost-\$22-29 based on size)

Cats receive an injection that lasts 24 hours and dogs receive one that lasts 12 hours after surgery for pain. You can elect to take a few more days of pain medications home. Most cats and dogs are painful after surgery which can make them not want to eat, move, and be uncomfortable.

Laser Therapy (Cost \$10.30)

Therapeutic lasers use light waves to promote the healing of tissue, relax muscles, increase blood flow to areas, and decrease inflammation leading to faster healing and repair.

Intravenous Catheter and Fluids (Cost \$51.50)

IV fluids given during the surgery are strongly recommended for every pet, especially older cats and dogs. IV fluids help maintain blood pressure, correct the dehydration from being fasted, increases the metabolism and excretion of the anesthetics by the kidney, and provide the rapid administration of life-saving during an emergency situation.

E-collars (Cost \$15-17)

Dogs and cats have a natural instinct to lick and bite at their wounds. E-collars prevent an animal from licking at a surgery site, wound, or dressing. E- collars decrease the chance of sutures being chewed out, wounds opening, and infections.

In addition to the above options, the following is for DENTAL PROPHY CLEANINGS

OraVet Barrier Sealant and Plaque Prevention Gel (Cost \$25)

This significantly reduces plaque and tartar formation by creating an invisible barrier that helps prevent bacteria from attaching to your pet's teeth. This system helps reduce plaque and calculus formation on your pet's teeth prolonging the time between dental cleanings.

Antibiotics

If extractions are done your pet might require an antibiotic.

Cats- Do you prefer an injection (\$40-65) , liquid(\$25), or tablet/capsule(\$15-30)

Dogs- will likely be a capsule (\$15-25)

Surgery Consent Form

Pet		Owned by:	
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Authorization For And Consent To Anesthesia And Surgery

I hereby authorize the following procedure(s) to be performed by the admitting veterinarian, or designated associates and assistants. To minimize risks, selected laboratory tests can help to assess your pet's ability to **safely undergo anesthesia** and identify certain potential problems that could endanger your pet.

Yes. I want to have an optional pre-anesthetic blood screen performed. Recommended for all patients, highly recommended for patients over 8 years of age. This checks the functions of vital organs to make sure the pet can safely undergo anesthesia.

Cost:\$ 58.00 *Note: Some non-elective procedures may include a mandatory blood profile*

No. I do not want to have a pre-anesthetic blood screen performed.

Patients are given a 12-24 hour pain injection, but are often painful after 12-24 hours. We can send home additional pain medication to ensure your pet is less likely to be in pain. Cost: Cats: \$22-\$29
Dogs: \$11-22

Yes. I want additional pain medication for my pet

No. I do not want additional pain medication

If problems unrelated to the authorized procedure are found that require elective correction:
I may be reached by phone. If the hospital staff calls *and cannot reach me by phone*, please do the following:

Do whatever is necessary at this time to avoid a second anesthetic procedure for additional work.

Do not perform any elective procedure that has not been discussed previously.

Please indicate your choice below.

Yes. I want to have an optional Post-Operative Laser Treatment performed on my pet.
(Promotes faster healing, reduces inflammation, and helps relieve pain) Cost:\$10.30 for a single treatment

No. I do not want to have a Post-Operative Laser Treatment performed.

Yes. I want to have an IV Catheter and Fluids place for my pet during surgery.(Helps regulate blood pressure and metabolize anesthesia quicker) Cost: \$51.50

No. I do not want to have an IV Catheter and Fluids Placed.

Yes. I want to have an optional E-Collar sent home with my pet. (Prevents licking and biting)
Cost: \$15- \$17

No. I do not want to have an optional E-Collar sent home with my pet.

Yes. I want to have an Oravet Barrier Sealant applied during my pets Dental. (DENTALS ONLY) Cost: \$25

No. I do not want to have an Oravet Barrier Sealant applied during my pets Dental.

We now offer remote payments to expedite your pick up time for your pet at surgical discharge. If you opt in, we will send you a remote payment link via text.

Yes. I want to participate in remote payment.

No. I do not want to participate in remote payment. I would like to pay at pick up.

*****If parasites(fleas) are found on the pet during the stay, they will be treated at Fayette Veterinary Hospital and you will be responsible for the treatment cost.**

*****If your pet is pregnant or in heat there will be an extra charge in addition to their surgery costs.**

***** Your pet must be up to date on vaccines. If you have not provided proof of vaccination status, we will have to update your pet's vaccines.**

I understand the above anesthetic and surgical, diagnostic, or therapeutic procedures may involve risk of complications, injury or even death, from both known and unknown causes and no warranty or guarantee has been either expressed or implied as to result or cure. Furthermore, I authorize the hospital staff in an emergency situation, to follow through with such procedures as are necessary for the well-being of my pet on a continuing basis until further communication with me. I agree to assume financial responsibility for all routine and emergency services rendered. Your signature below constitutes your acknowledgment that (i) you have read and agreed to the above, (ii) the procedure(s) have been explained to your satisfaction and that you have all the information that you desire, (iii) you have had the chance to ask questions, and (iv) you authorize and consent to the performance of the procedure(s) and to the administration of anesthesia.

Signature :

Date: