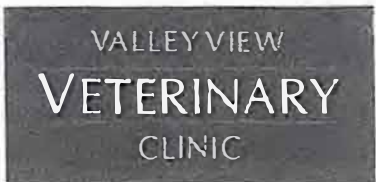


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Surgery & Anesthesia Consent Form

15025 Valley View Dr. Council Bluffs, IA 51503
(712) 256-7387

FILE NUMBER

Client Name: SOLAS Patient Name: #HERE Weight: _____

Time of Last Meal: _____ Items left with pet: _____

List of medications pet is currently on: _____

Please circle which applies: Dog Cat

Procedures to be done:

- 1. Spay/Neuter
- 2. Rabies (if old enough)
- 3. FIV/Felv Test (Only if not done by Solas prior)
- 4. Microchip (Using Solas Rescue Microchip)

Histopathology: Yes No Please circle if either applies: older than 2 year female/previous litters

Pre-Anesthetic Blood Testing

Like you, our greatest concern is the well-being of your pet. Before putting your pet under anesthesia, we will do a physical examination if possible. However, many conditions including disorders of the liver and kidneys are not detected unless blood testing is performed. For the safety of your pet, we highly recommend blood screening before any anesthetic procedure. Occasionally, we postpone the surgery until a medical problem noted is resolved. The fee for this blood work is \$68. 71.40

- Accept, I want my pet to have a pre-anesthetic blood screen.
- Decline, I do not want my pet to have a pre-anesthetic blood screen. I understand there may be an increased risk during anesthesia
- My pet has had blood work in the past 6 months and do not wish to repeat today. I understand there may be changes to these previous values that may increase anesthetic risk.

Microchip: We offer microchip insertion for your pet while your pet is under anesthesia. This is the perfect time for insertion while they are asleep, but the procedure does not require anesthesia. A microchip is an advanced pet identification and recovery system. We see the importance of identification when pets get lost or injured. The fee for chip placement and registration is \$59.

- Accept, I want a microchip placed in my pet.
- Decline, I do not want a microchip placed in my pet or my pet already has a microchip.

Elizabethan Collar: An e-collar helps to prevent your pet from licking at their incision. Licking at the incision increases risk of postoperative infections and incision closure failure. The cost of an e-collar ranges depending on size (\$6-14.50).

- Yes, I would like an e-collar for my pet.
- No, I would not like an e-collar for my pet.
- I already have an e-collar for my pet.

Postoperative Medications: Pain control and antibiotics for after your pets procedure will be sent home if needed by the discretion of the surgeon.

Laser Surgery: The laser can replace the scalpel and provide a better alternative to traditional surgery. There is less bleeding because the laser cauterizes small blood vessels as it cuts. Less swelling as laser energy does not crush or tear because only a beam of intense light contacts the tissue. Laser surgery is not used if histopathology is needed for mass removals. The fee for using the laser machine is \$43.

Accept

Decline

Post Operative Cold Therapy Laser: This is an advanced cold therapy laser treatment which helps to decrease healing time by decreasing inflammation at the surgery site. We do not use this on any potential cancers or the eyes of our pets. The fee for this procedure is \$15.

Accept

Decline

Consent for CPR or DNR: In the case that your pet were to suffer cardiac and/or pulmonary arrest (heart or breathing stops), do you authorize us to provide Life-saving measures (i.e. cardiopulmonary resuscitation)? If you choose to allow these procedures for your pet, you will be contacted as soon as possible to be informed of the situation and given the options on how to proceed.

CPR. I authorize appropriate life saving measures if needed.

DNR. I do not wish for life saving measures to be employed. I am electing "Do Not Resuscitate" status for my pet.

I am the owner or agent for the owner of the above described animal and have the authority to execute this consent. I agree to assume responsibility for all charges incurred in the care of the animal. I understand that during the performance of the procedure or operation unforeseen conditions may be revealed that necessitate an extension of the procedure or procedures deemed necessary and desirable in the exercise of the veterinarian's professional judgment. I also authorize the use of appropriate anesthetics and medications. I understand that there are rare complications associated with any anesthetic or surgical procedure. I have been advised that there is an extremely small risk of death, complications, or side effects every time an anesthetic is used. I acknowledge these risks and understand that the veterinarians and hospital staff will try to minimize such risks. I realize that the results cannot be guaranteed. I do not hold Valley View Veterinary Clinic responsible if the health of my pet is compromised due to unforeseen circumstances, as I am aware that the staff makes every effort to prevent such occurrences. I understand that regardless of the time my pet is brought in for surgery, Valley View Veterinary Clinic cannot guarantee the order in which the surgeries will be done. I understand every effort will be made to insure that my pet will be able to go home as soon as possible. There may be instances when for the safety of the pet, an overnight stay may be necessary.

I HAVE READ AND FULLY UNDERSTAND THIS SURGERY AND ANESTHESIA CONSENT FORM.

Client Signature: _____ Phone number: _____

Date: _____