



Surgical Information Packet

PLEASE READ CAREFULLY

I request that PetCare of Newberry performs the following procedure on my pet, _____

Please read & initial the following:

() *I understand that pain medication is required for all surgical procedures at the discretion of the Doctor. Charge for medication varies based on individual pet.*

() *I understand that in order for my pet to receive surgery, he/she must be current on his/her Rabies & Distemper vaccines*

() *I understand that even with extreme care, rare adverse reactions, which are unpredictable, may occur with any anesthesia procedure. These reactions may include cardiac arrest, respiratory arrest and/or death. If CPR is required, additional charges may be added to your account.*

() *I understand that the practice of Veterinary Medicine and Surgery is not an exact science, therefore, reputable Veterinarians cannot guarantee any specific results. As tissue healing is out of our control, I understand that certain variables do exist which prevent exact results from being projected and which may materially affect the ultimate result. I have received no guarantee as to the success of my particular case.*

() **Anesthetic Procedures:** We use a combination of pre-anesthetic medications, injectables and/or inhalants to achieve optimum levels of anesthesia that are safe for your pet.

For short procedures & procedures that require minimum sedation, an injectable anesthetic combination is given that produces a good plane of surgical anesthesia with a quick recovery.

For most procedures, your pet is anesthetized and intubated (insertion of tube into the trachea or windpipe). Intubation will ensure that your pet is able to receive oxygen at all times and prevents aspiration of any fluids into the lungs.

Pre-Anesthetic Blood Testing: Before your pet undergoes anesthesia, we routinely perform a full physical exam. We also **highly recommend**, and sometimes require, a **Pre-Anesthetic Blood Profile** be performed on all pets undergoing anesthesia to maximize patient safety. This bloodwork helps alert our surgeon to the presence of dehydration, anemia, infection, diabetes and/or kidney or liver disease that could cause serious complications during the procedure. These conditions may not be detected **without** a pre-anesthetic blood profile, thus not allowing for the most appropriate and safest anesthetic regime to be administered. In addition, these tests may be useful should your pet's health change to develop faster, more accurate diagnoses and treatment.

PLEASE CHOOSE ONE OF THE FOLLOWING:

() I elect for my pet to have a **Quantitative Blood Count (QBC)** and **Pre-Anesthetic Profile** which includes: PVC (*Anemia*), White Blood Cell Count (*Infection*), & Red Blood Cell Count (*Anemia/Bleeding Disorder*), Platelet Count (*Certain Clotting Disorders*), BUN & Creatinine (*Kidney*), ALKP and ALT (*Liver*), Glucose (*Sugar*), total Protein (*Dehydration*), and Electrolytes (*Imbalance*).

() I decline the recommended pre-anesthetic blood tests at this time and request that NAH proceed with the procedure. I understand that complications related to drugs may occur.

Feline FeLV/FIV Testing: We highly recommend Feline Leukemia and Feline Immunodeficiency Virus (Feline AIDS) testing be performed on all patients at least once in their lives because all are incurable diseases (no cure exists at this time). If your pet is exposed to outdoors, we recommend yearly testing and vaccinations.

PLEASE CHOOSE ONE OF THE FOLLOWING:

() I elect for my pet to have Feline FeLV/FIV testing.

() I decline the recommended Feline FeLV/FIV testing at this time and request that PetCare of Newberry proceeds with the scheduled procedure.

() **Intravenous Catheterization & Fluids**

Your pet will be shaved for the placement of an IV catheter and use of IV fluids during all anesthetic procedures. This allows us to have quick, available access to the circulatory system and prevents dehydration, as well as aids in a quicker recovery from anesthesia.

() **Monitoring**

Monitoring of patients during anesthesia is done in two ways. First, a veterinary team member is with your pet continuously from the beginning of anesthesia to recovery. Second, we have a computerized monitor that records heart rate, pulse rate, oxygen levels, respiration, continuous ECG, carbon dioxide and rectal temperature.

() **Pain Management**

In order to reduce any discomfort experienced and aid in a quicker recovery, all surgery patients will receive pain management before, during and after surgery. Additionally, pain medication may be prescribed to administer at home. Additional information regarding medication will be given at discharge.

() **Common Potential Surgical Feline Complications:** Bleeding, infection, suture reactions

PLEASE INITIAL ONE OF THE FOLLOWING:

Microchipping: We offer a microchip identification system for your pet. A small microchip is placed under the skin between the shoulders. A unique identification number is assigned to each animal. Many veterinary offices and animal shelters have scanners available to identify your pet. The fee for microchipping your pet is \$61.99.

() My pet already has a microchip.

() I want my pet to receive a microchip identification.

() I do not want my pet to receive a microchip identification.

() **All surgeries may have further complications if sutures do not remain intact.**

() **I understand that there is always a risk of anesthetic and surgical complications anytime these procedures are performed, and I will not hold PetCare of Newberry liable in any manner. I accept full responsibility for charges incurred on behalf of my pet.**

() **I acknowledge that Payment is required at the time of discharge. A deposit may be required prior to procedures being performed.**

Please list the name of any medications your pet is currently taking and the date and time the last dose was administered:

PLEASE INITIAL ONE OF THE FOLLOWING:

In the event that your pet codes in our facility, which advanced directive would you prefer our staff to perform:

() **CPR** (Life-Saving Measures)

() **DNR** (Do Not Resuscitate)

I ACKNOWLEDGE AND GIVE MY FULL CONSENT TO THE ABOVE INFORMATION.

CLIENT SIGNATURE: _____ **Date:** _____

We require a phone number(s) where you can be reached during surgery. Failure to be reached during the procedure may result in postponement.

Phone Number: _____