

## Eden Veterinary Hospital Surgical & Anesthesia Information Packet

Dear Client,

Your pet has been scheduled for an upcoming surgery in the near future. In our attempt to assist clients, we have put together this packet to make surgery day as easy and stress free as possible.

In addition to this letter, you will find that the following information has been enclosed:

1. Surgical & Anesthesia Information Form (Bring in Day of Surgery)
2. Pre-Anesthetic Blood Testing Information Form (Bring in Day of Surgery)
3. Anesthesia, Surgery, & Treatment Authorization Form (Bring in Day of Surgery)

Please read carefully all the enclosed information. If you have any questions, please feel free to call us. On your pet's surgery day, we require you to review and sign an **Authorization Form** which allows you to choose optional services.

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

The night before your pet's surgery:

- **Withhold all food and treats after 9:00 p.m.**
- **Water may be left down after this time period.**
- **If you are currently administering any medications, vitamins and/or injections, withhold the morning doses unless otherwise instructed by the doctor.**

Please make arrangements for your pet to be dropped off on the morning of their scheduled surgery, unless other arrangements have been made in advance. At time of drop off, our team will be happy to answer any questions/concerns and collect the enclosed/completed **Authorization Form**.

Our veterinary assistants will escort your pet to the surgical prepping area to wait for their surgery. If you have elected any of the recommended blood tests, our veterinarian will collect all blood samples and tests prior to surgery.

If any questions arise, the doctor may contact you at the number on the **Authorization Form**.

We hope surgery day will be a pleasant experience. Remember, our team knows surgery can be an anxious time and we are always available to answer any and all questions concerning the upcoming procedure. We look forward to serving you and your pet on the upcoming surgery day and years to come.

Client Initials: \_\_\_\_\_

**Eden Veterinary Hospital**  
**Surgical & Anesthesia Information Form**  
PLEASE READ CAREFULLY

**Anesthetic Procedures & Risks**

We use a combination of pre-anesthetic medications/injectable and/or inhalant anesthetics to achieve optimum levels of anesthesia that are safe for your pet.

**For short procedures**, an injectable anesthetic is given alone that produces a good plane of surgical anesthesia with a quick recovery.

**For most procedures**, your pet is anesthetized and then intubated. (This is the insertion of a tube into the trachea or wind pipe. This will ensure that your pet is able to receive oxygen at all times and prevents aspiration of any fluids into the lungs.) Anesthesia is maintained with a gas anesthetic, Sevoflurane, which is very safe and is not metabolized by the body. This allows us to have more control over anesthetic depth and it is less irritating to the airways.

**Monitoring & Pain Management**

Monitoring of patients during anesthesia is done in two ways. First, a veterinary assistant is with your pet continuously from beginning of anesthesia to recovery. Second, we monitor heart rate, rhythm, oxygen levels, respiration, and temperature.

Our clinic strongly believes in compassionate, quality, medical care for our patients. As a result, all surgery patients will receive pain management before, during and after surgery. Additionally, pain medication may be prescribed for home. Additional information will be given at discharge. We hope this program will reduce any discomfort experienced and aid in a quicker recovery.

**Intravenous Catheterization & Fluids**

We highly recommend the placement of an IV catheter and use of IV fluids during all anesthetic procedures and we require it on all pets over 6 years of age or pets at high risk as determined by the doctor at time of surgery. This allows us to have quick, available access to the circulatory system (blood) in case of an unforeseen emergency. The fluids help provide support to the circulatory system and prevent dehydration, as well as aid in a quicker recovery from anesthesia.

**Examples of Potential Surgical Complications**

1. **Canine and Feline Spay** – bleeding, infection, urinary incontinence, suture reactions
2. **Canine and Feline Neuter** – bleeding, infection, scrotal swelling, suture reaction (canine only)
3. **Feline Declaw** – bleeding, infection, limping/lameness, regrowth of nail

**It is important for you to understand that there is always a risk of anesthetic and surgical complications anytime any procedure is performed. We strive to take the highest quality care of your pet and take all the added precautions you allow to avoid potential problems. Thank you for entrusting your pet to us.**

Client Initials: \_\_\_\_\_

**Eden Veterinary Hospital**  
**Pre-Anesthesia Blood Testing Information Form**

PLEASE READ CAREFULLY

Our greatest concern is the well being of your pet. Before putting your pet under anesthesia, we routinely perform a full physical examination.

We also highly recommend and sometimes require that a **Pre-Anesthetic Blood Profile** be performed on all pets undergoing anesthesia to maximize patient safety.

The **Pre-Anesthetic Blood Profile** helps alert our surgeon to the presence of dehydration, anemia, infection, diabetes and/or kidney or liver disease that could complicate the procedure. These conditions may not be detected **without** a pre-anesthetic profile thus not allowing for the most appropriate and safest anesthetic regime to be administered. These tests are similar to those your own physician would run if you were to undergo anesthesia. In addition, these tests may be useful if your pet's health changes to develop faster, more accurate diagnoses and treatments.

The **Authorization Form** you will sign on your pet's surgery date will offer pre-anesthetic blood work.

1. The **Quantative Blood Count (QBC)** and **Pre-Anesthetic Profile** which includes:
  - a. **CBC:** PCV (Anemia), White Blood Cell Count (Infection) & Red Blood Cell Count (Anemia/Bleeding Disorder), Platelet Count (Clotting Disorder)
  - b. **Profile:** BUN and Creatinine (Kidney), ALKP and ALT (Liver), Glucose (Sugar), Total Protein (Dehydration)

You will notice other tests available that are not included in the above choices. We have selected tests that give the doctors a suitable overview of the patient's health. However, if the patients are in their senior years (above 6 years old) or are sick, the FULL senior profile will be required.

Our feline owners will see a **FeLV/FIV** Test option. We highly recommend this test be performed on all feline patients at least once in their lives because Feline Leukemia and Feline Immunodeficiency Virus (Feline Aids) are viruses for which no cure exists. If your pet goes outside, we recommend administering the Feline Leukemia vaccine as well. Please ask questions if you would like to learn more about Feline Leukemia and Feline Aids.

We realize surgery and anesthesia are scary for both the owner and patient and we attempt to make surgery day as safe and comfortable for all involved. The physical examination and blood work done prior to any surgical procedure allows us to best minimize anesthetic and surgical risks and maximize patient safety.

Owners may elect to decline any non required blood work or procedures by circling "no" in the "services" section of the Pre-Anesthesia Consent Form.

If you have any questions or hesitations about the scheduled procedure, please do not hesitate to call us to discuss any aspect of the upcoming procedure.

Client Initials: \_\_\_\_\_

**Eden Veterinary Hospital**  
**Anesthesia, Surgery, & Treatment Consent Form**

Owner's Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Phone # where you can be reached today: \_\_\_\_\_

Procedure(s): \_\_\_\_\_

**Vaccinations**

Pets that are overdue for vaccines are required to be made current during time of hospitalization. Vaccinations required for canines are Rabies, Distemper (DHLPP), and Bordetella. Vaccinations required for felines are Rabies, and Distemper (FVRCP). To lessen risk of anesthesia/surgery we recommend that all dogs over the age of 6 months be current on heartworm testing and or preventative medication. To lessen risk of surgery for your feline, the FELV/FIV Test is highly recommended for all cats not currently vaccinated for the feline leukemia virus. Our most important priority is the health and well being of the animals and safety of our employees. For this reason, we reserve the right to decline surgical procedures on any animal that is not current (within the last 12 months) on vaccines. ***NO EXCEPTIONS!***

**Blood Testing**

We highly recommend a pre-anesthetic blood profile for animals under 6 years of age to be performed for the purpose of assessing your pet to be in a low risk category during anesthesia. We require a comprehensive blood profile and intravenous fluids for animals over 6 years of age. This will help us rule out most pre-existing problems which may not be evident upon a physical examination but could lead to serious complications, including death. While the performance of these tests does decrease surgical anesthetic risk, they do not detect all potential problems or eliminate all surgical and anesthetic risks. They do not guarantee results or a cure.

**Parasites**

All pets presented for surgery must be free of external parasites. If fleas, ticks, or ear mites are found, the pets will be treated for these parasites at the owner's expense.

**In Patient Questionnaire**

1. Last food given to the patient (time): \_\_\_\_\_ Last water given (time): \_\_\_\_\_
2. Does your pet show any signs of illness? \_\_\_\_\_
3. Is your pet taking any medications (prescription, over the counter, herbal)? \_\_\_\_\_
4. List pets past surgeries: \_\_\_\_\_
5. Has your pet had any previous reactions to anesthesia? Yes or No  
Explain: \_\_\_\_\_
6. List any behavioral concerns (biting, timidness, needing special handling, etc.)  
\_\_\_\_\_
7. List any belongings left with pet: \_\_\_\_\_

\_\_\_\_\_  
*(The hospital will not be responsible for any lost items.)*

Owner's Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

**Services**

Pre Anesthetic Blood Profile Under 6 years of age	Yes or No	Cost: <u>\$138</u>
Pre Anesthetic Blood Profile Over 6 years of age	Required	Cost: <u>\$138</u>
IV Fluids Under 6 years of age	Yes or No	Cost: <u>\$45</u>
IV Fluids Over 6 years of age	Required	Cost: <u>\$45</u>
Post Operative Laser Therapy	Yes or No	Cost: <u>\$10</u>
Post Operative Pain Management Injection	Required	Cost: <u>\$35</u>
Post Operative Pain Medication	Required	Cost: <u>\$15 up to \$40</u>

**At time of procedure would you like us to:**

Pull any retained baby teeth:	Yes or No	Cost: <u>\$5 each</u>
Repair Umbilical Hernia	Yes or No	Cost: <u>\$35</u>
Nail Trim / Nail Filing	Yes or No	Cost: <u>\$10 / \$14</u>
Microchip	Yes or No	Cost: <u>\$35</u>
4DX Heartworm Test	Yes or No	Cost: <u>\$39.50</u>
FeLV/FIV Test	Yes or No	Cost: <u>\$39</u>
E Collar	Yes or No	Cost: <u>\$25</u>
Histopath	Required	Cost: <u>\$125</u>

Please list any other requests or procedures desired: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Authorization**

I verify I am the owner (or Authorized agent for the owner) of the above named pet and authorize the above procedure to be performed. I authorize the use of anesthesia and other medication as deemed necessary by the veterinarian and understand that hospital personnel will be employed in the procedure(s) as directed by the veterinarian.

I have been advised as to the nature of this procedure to be performed and the risks involved. I realize that no guarantee or warrantee can ethically or professionally be made regarding the results or cure. I understand also that there is always a risk associated with any anesthesia episode, even in apparently healthy animals and have discussed my concerns with the veterinarian. I understand that it may be necessary to provide medical and/or surgical procedures which are not anticipated for the safety or care of my pet. I hereby consent to and authorize the performance of such altered and/or additional procedures as are necessary in the veterinarian's professional judgment. I accept responsibility for any result in additional charges.

I agree to be responsible for any charges incurred while my pet is in the care of this facility and understand payment is due at the time my pet is released from the hospital.

Signature of Owner or Agent: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_