



Hawks Prairie Veterinary Hospital

Surgical Anesthesia Release Form

Date: _____ Owner's Name: _____ Pet's Name: _____ Weight: _____

Procedure: _____

Please leave **AT LEAST ONE** contact number where you can be reached today.

Contact Person:	Phone #	Home	Work	Cell
1st _____	_____	_____	_____	_____
2nd _____	_____	_____	_____	_____

Patient History (please circle):

- Did your pet eat this morning?..... **YES** **NO** **NOT SURE**
- Is your pet taking any medications (prescription or over the counter)? **YES** **NO** **NOT SURE**
If yes, please list _____
- Does your pet have any known allergies?..... **YES** **NO** **NOT SURE**
If yes, please list _____
- Does your pet have a history of seizures?..... **YES** **NO** **NOT SURE**
- Is your pet up to date on vaccines?..... **YES** **NO** **NOT SURE**
- Has your pet been treated for fleas within the last 30 days?..... **YES** **NO** **NOT SURE**
- Has your pet been ill or injured in the last 30 days?..... **YES** **NO** **NOT SURE**
- If your pet has medical issues, we should be aware of, please list here:

****If fleas are found on your pet during the complimentary exam, your pet will be treated with one dose of Capstar at the owner's expense (cost \$8.00).**

Safety and Comfort of our Patients

For the safety and comfort of our patients, and for the peace of mind of our clients, we have a minimum set of requirements before, during and after anesthesia. In addition, we offer other optional services. All of the costs are fully outlined below. While we attempt to be accurate, the prices below do not include the cost of unforeseen circumstances, and all efforts will be made to contact you before this occurs.

Included in the Procedure:

For the safety and comfort of our patients, the following items are included in the price of the procedure:

- *a pre-surgical physical examination the day of surgery
- *placement of an IV catheter for intravenous access for fluids and/or medications for procedures longer than 20 minutes
- *Advanced monitoring of vital systems
- *Intravenous (IV) fluids during surgery to maintain blood pressure, for any surgeries longer than 20 minutes
- *An anti-pain injection before the procedure that lessens the perception of pain post-operatively
- *Post-operative pain medication for at-home administration
- *A plastic buster collar to help keep your pet from licking or chewing at/around the surgery site. If you opt for a soft-sided buster collar instead of plastic, we have them available for purchase (**price range: from \$15.40 to \$26.50, size dependent**).

Pre –Anesthetic Blood work:

We will perform a pre-surgical examination on your pet before administering the anesthesia. However, we highly recommend blood work be performed prior to anesthesia to look for indicators of anemia, dehydration, kidney function, and liver function. By performing this blood work, we will be better able to rule out pre-existing internal problems that may not be evident physically but could lead to serious complications. **There is an additional fee for this procedure (Ranges from \$69.00 to \$120.00, depending on which blood work your veterinarian recommends).**

Please initial: YES, I choose pre-surgical blood work _____ NO, I decline pre-surgical blood work _____

Propofol:

Propofol is a very easy to metabolize anesthetic. It may be recommended for pets over 6 years old, pets with a history of difficulty under anesthesia or pre-existing medical conditions. Your vet will help you determine if this is the appropriate choice for your pet. **(Cost is \$63.00)**

Please initial: YES, I choose propofol _____ NO, I decline propofol _____

Sedatives:

These can help your pet calm in the postoperative period. Excessive activity can cause seroma formation (fluid under the incision) or failure of the suture and opening of the incision. It is important to restrict your pets activity and sedatives can help with this. **There is an additional fee for sedatives (Ranges from \$14.00 to \$50.00, depending on which medication is sent home).**

Please initial: YES, I choose sedatives to go home _____ NO, I decline sedatives to go home _____

Elective procedures:

The staff at Hawks Prairie Veterinary Hospital would be happy to provide the following services while your pet is here today. Prices for these procedures are as listed. Please mark those services you would like performed:

- | | |
|--|--|
| <input type="checkbox"/> Flush/clean ears (\$41.00) | <input type="checkbox"/> Vaccines (\$30.00) |
| <input type="checkbox"/> Ear Cytology, if needed (\$32.00) | which vaccine/s? _____ |
| <input type="checkbox"/> Express anal glands (\$28.00) | <input type="checkbox"/> Fecal examination (\$64.00) |
| <input type="checkbox"/> Apply flea preventative (Range: \$15.15-\$23.10) | <input type="checkbox"/> FeLV/FIV test (\$63.00) |
| Which product? _____ | <input type="checkbox"/> Nail trim (no charge) |
| <input type="checkbox"/> Microchip (\$64.00) | <input type="checkbox"/> Extraction of baby/deciduous teeth (\$38.00 per tooth) |
| | <input type="checkbox"/> Heartworm Test In-house (4DX) (\$47.00) |

Owner's Release:

Upon picking up my pet(s), I understand that payment is due in full. Our hospital accepts cash, check, debit, Visa, MasterCard & Care Credit.

I understand the noted anesthetic, surgical, diagnostic or therapeutic procedures may involve risk of complication, 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 wellbeing 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 indicates your acknowledgement 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 you desire, (iii) you have had a chance to ask questions, and (iv) you authorize and consent to the performance of the procedure(s) and administration of anesthesia.

Owner/Agent Signature: _____

Date: _____