

AM/PM Animal Hospital
Sedation/Surgical Consent

OWNER'S NAME _____ PET'S NAME _____

HOME # _____ WORK # _____ CELL # _____ EMERGENCY # _____

SURGERY/PROCEDURE TO BE PERFORMED: _____

SPAYS: During the surgical procedure if your pet is found to be in heat, there will be an additional charge of \$45.00 added to your invoice, pregnant \$95.00. If so, do you authorize completion of spay?

Initial: Yes_____/ No _____

Notice: All hospitalized animals found to have fleas will be treated with preventive and charges for treatment added to your invoice.

BRIEF HISTORY:

Is your pet current on vaccinations? **Circle one:** Yes / No

Has your pet ever undergone anesthesia? **Circle one:** Yes / No

If yes, were there any complications (explain)? _____

Does your pet have any drug allergies that you know of? _____

Did your pet eat anything this morning? _____

Is there anything we should know about your pet? _____

For the comfort of your pet, AM/PM administers a pain injection pre operatively. (Note: Declaw procedures already include (2) pain injections in their price)

AM/PM Includes in all routine surgical procedures a **CBC** (Measures the concentrations of cells in the bloodstream, which is a good indicator of general health and can pick up potential infections and anemia) and a **Chemistry Panel** (Measures the blood glucose, two kidney enzymes, two liver enzymes, checking the health and ability of the body's major organ systems to process anesthesia).

OPTIONAL PROCEDURES (will affect your original estimate):

COAGULATION PANEL The APTT / PT tests are useful for detecting clotting factor deficiencies, which can have serious consequences for clotting during surgery. \$103.00 *Initial:* Yes_____/ No _____

ECG- PREANESTHETIC SCREEN (Available only during regular business hours)
A means to evaluate heart health and guide anesthesia management. \$93.00 *Initial:* Yes_____/ No _____

POST OPERATIVE PAIN MEDS TO GO HOME
While most pets seem fine after going home, AM/PM recommends pain medication for your pet to use at home. Cost varies depending on the weight of your pet. Is this something you would be interested in? *Initial:* Yes_____/ No _____

MICROCHIPPING SERVICE
AM/PM offers microchipping identification for the safety of your pet. The discounted cost for this service during a surgical procedure is \$44.50 (normally \$49.50). Would you like this service? *Initial:* Yes_____/ No _____

I, being responsible for the above described animal, have the authority to grant you my consent to receive, prescribe for, treat and/or operate upon my pet. You are to use all reasonable precautions against injury, escape or death of my pet, but you will not be held liable or responsible in any manner in connection therewith as it is thoroughly understood that I assume all risks. All charges including any boarding costs shall be paid on or before the release of my pet.

After carefully reading the above, I have signed in agreement.

Signature of Owner/ Responsible Party Date