**ANIMAL CARE CENTER**

**7 Enterprise Lane**

**Danville, PA 17821**

**Dear Client:**

We would like to thank you for choosing Animal Care Center for your pets surgical and dental procedure needs. Enclosed please find the consent and estimate forms for the upcoming surgery appointment for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Pet’s Name)

**Your scheduled drop off time is: between 7:30-8:30a.m. on the day of surgery**

Please fill in all areas. Sign and date the consent and estimate forms and bring them with you the day of your pet's surgery.

***Please do not feed your pet after 6:00 pm the night before surgery. They may have water after that point.***

It is beneficial that we know as much as possible about your pet's health before anesthesia is administered. Once your pet reaches six years of age we do require pre-anesthetic screening be performed prior to anesthesia. While your pet may be under that age, we do highly recommend testing.

**Pre-Anesthetic Test:**

**CBC:** Provides detailed information on red and white blood cells as well as platelets which play an important role in blood clotting.

**Blood Chemistry:** Blood chemistry test provide an inside look at your pets vital organs. The function of the liver and kidneys is especially important. These organs are the primary routes that the anesthetics are broken down and removed from the body.

**Urinalysis:** Performed to check for levels of specific chemicals in your pet's urine.

Pre-anesthetic testing does not guarantee the absence of anesthetic complications. It does, however, greatly reduce the risk of complications as well as identify medical conditions that could require treatment.

If your pet is a canine and will be having pre-anesthetic testing, please bring a urine sample in when you drop them off for their procedure. The sample should not be older than four hours, and it should be refrigerated. If you pet is a feline we will collect the specimen here.

If you are bringing your feline friend in for a declaw procedure, he/she will stay overnight the day of the procedure and will normally be discharged the following day.

If you have any questions please feel free to give us a call at 570-275-6064.

Thank you from your pet's health care team.

**Staff at Animal Care Center**

Surgical/Anesthesia Consent Form-Feline

Date of Surgery:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Client ID: |  | Patient ID: |  |
| Client Name: |  | Patient Name: |  |
| Address: |  | Species: Feline |  |
|  |  | Breed: |  |
|  |  | Sex: M / F |  |
| Telephone: |  | Color: |  |
| Today's Phone # | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Birth Date: |  |
| Contact Person | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

As the owner of the above animal, I hereby give my consent to the ANIMAL CARE CENTER to perform such diagnostic and treatment procedures as deemed advisable for my pet and I hereby authorize the performance of the following procedures or operations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that during the performance of the above procedure(s), unforeseen conditions may be revealed that necessitate an extension or variance in the procedure(s) set forth above. I expect the ANIMAL CARE CENTER to use reasonable care and judgement in performing the procedure(s). The nature of the procedure(s) and risks involved have been explained to me and I realize results cannot be guaranteed. I also authorize the use of appropriate anesthetics and other medications, and I understand that hospital support personnel will be employed as deemed necessary by the veterinarian. I agree to pay in full for services rendered, including those deemed necessary for medical or surgical complications or otherwise unforeseen circumstances. Any estimate of charges or fees for presently planned procedures are only a best approximation, and the final bill may be less or greater than this amount.

You have entrusted us to care for your pet, and our first concern will always be your pet's health. That is why we recommend (required for pets over 6 years of age) pre-anesthetic testing:

1. ***To make sure kidneys and liver are functioning properly in order to handle anesthesia.***
2. ***To identify pre-existing conditions or congenital organ dysfunction that may not have been evident from the physical exam.***
3. ***To make certain the blood is healthy to carry adequate oxygen, stop bleeding and to fight infection***
4. ***To establish a baseline of normal values for future reference.***

It is important to understand that pre-anesthetic profile does not guarantee the absence of anesthetic complications. It may however, greatly reduce the risk of complications as well as identify medical conditions that could require medical treatment in the future. These tests will help us assess the health status of your pet more completely and determine if there are any additional precautions we need to take before anesthesia.

***I DO \_\_\_\_\_\_\_ wish to have pre-anesthetic blood work run today. \_\_\_\_\_\_\_\_\_\_ (Please initial)***

***I DO NOT \_\_\_\_\_\_\_\_\_ wish to have pre-anesthetic blood work run today\_\_\_\_\_\_\_\_\_\_ (Please initial)***

***I DO \_\_\_\_\_ wish to have my pet Microchipped (implant and new registration $53.99) \_\_\_\_\_\_\_\_ (Please Initial)***

***I DO NOT \_\_\_\_\_\_\_\_\_wish to have my pet Microchipped \_\_\_\_\_\_\_\_\_\_\_(Please Initial)***

***My pet is already microchipped***  ID Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***FELINES: I DO \_\_\_\_\_\_\_\_ wish to have the FELV/FIV test \_\_\_\_\_\_\_\_\_\_\_\_ (Please initial) I DO NOT \_\_\_\_\_\_\_\_ wish to have the FELV/FIV test \_\_\_\_\_\_\_\_\_\_\_\_ (Please initial)***

***We recommend e-collars to help keep your pet from licking or scratching the surgical site.***

***I would like to purchase an e-collar. Yes \_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_\_\_ (please initial)***

***YES NO***

( ) ( ) Are vaccinations current? Date \_\_\_\_\_\_\_\_. If not they will be updated at client's expense.

( ) ( ) Any vomiting, coughing, or diarrhea?

( ) ( ) Did your pet eat this morning?

( ) ( ) Does your pet have a history of seizures?

( ) ( ) Would you like your pets nails trimmed at no charge?

( ) ( ) Are you using a SPCA or PaPets voucher for today?

( ) ( ) My pet is on Medication\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time of last dose \_\_\_\_\_\_\_\_\_\_\_\_\_

**IF YOUR PET HAS FLEAS YOUR PET WILL BE TREATED WITH ADVANTAGE AT YOUR EXPENSE. Initial\_\_\_\_**

**Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**