

Animal Health Clinic of Funkstown
Authorization for Anesthesia and/or Surgery for K-9

Client Last Name: _____ Client First Name: _____

Pet's Name: _____ Species: Canine Feline Other _____

Breed: _____ Age: _____ Sex: Male Female Neutered Spayed

Anesthetic and surgical procedure(s) to be performed: _____

I, the undersigned owner or agent of the owner, of the pet identified above, certify that I **am** **am not** (check one) eighteen years of age or over and authorize the veterinarian(s) at Animal Health Clinic of Funkstown to perform the above procedure(s). I understand that some risks always exist with anesthesia and/or surgery such as, but not limited to: infection, cardiac arrest and death. I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure(s) is/are initiated. My signature on this form indicates that any questions I have regarding the following issues have been answered to my satisfaction:

The reasonable medical and/or surgical treatment options for my pet
Sufficient details of the procedures to understand what will be performed
How fully my pet will recover and how long it will take
The most common and serious complications
The length and type of follow-up care and home restraint required

While I accept that all procedures will be performed to the best of the abilities of the staff at this hospital, I understand that no guarantee or warranty has been made regarding the results that may be achieved. I assume financial responsibility for the fees, and will provide payment via cash, credit card, or check at the time my pet is discharged from the hospital. Should unexpected life-saving emergency care be required, the hospital staff has my permission to provide such treatment and I agree to pay for such services. It has been explained to me that conditions may rise during this procedure whereby a different procedure may need to be performed, and I authorize the veterinarian to do what they feel is needed and necessary.

If I neglect to pick up my pet within 5 days of notification by the doctor or staff that my animal can be discharged it will be considered abandoned and may be disposed of, or destroyed, as the clinic deems best.

I have informed the admitting veterinarian or technician of any current or historical illness my pet has had that may be relevant to its treatment.

I have read and fully understand the terms and conditions set forth above.

Signature of Owner or Agent

Date

Signature of Parent or Legal Guardian
(if owner/agent less than 18 years of age)

Date

Phone number(s) at which you or your agent can be reached today and/or tomorrow.

Rabies Vaccines: CURRENT DUE

Certificate with clinic/hospital and expiration date _____

(Proof of a current rabies vaccination is required at time of surgery. Pets that do not have a current rabies vaccine or cannot provide proof of vaccination will be vaccinated the day of the surgery)

Vaccinations: CURRENT Please update today NO I am not interested in vaccinating my pet at this time

Fecal examination within the last 6 months YES NO Please Check a Sample Today

Is your pet on heartworm preventative? YES NO Date last dose was give _____

Any vomiting, coughing, diarrhea in the past 14 days? NO YES - Explain _____

Did your pet EAT this morning? YES NO

Is your pet allergic to any drugs? NO YES - Which medication (s)? _____

Has your pet had ANY illness or injury in the past 30 days? NO YES - Explain _____

Is your pet on any medications? NO YES Which medication(s)? _____

Does your pet have rear dewclaws? YES NO

For an addition fee would you like to have them removed? YES NO

Is there ANYTHING we should know about your pet? _____

(i.e. liver, kidney, heart problems, in heat, pregnant, etc.)

Microchip is a Permanent Pet Identification and is a proven way to successfully recover your pet if it should be lost or stolen.

YES I would like my pet to have a microchip NO I am not interested at this time My pet already has a microchip

PRE-ANESTHETIC BLOOD TESTING: Anesthesia carries some risk. Therefore, blood testing is recommended before general anesthesia. The anesthetic agents are often removed from the body by the kidneys and liver, so it is important to know before anesthesia that these organs are functioning correctly. The CBC helps us to determine if you pet is anemic (can be a cause of excessive bleeding). The blood work helps us make the determination to proceed with surgery or not. If there is any indication of organ dysfunction, then appropriate steps can be taken to ensure the safety of your pet.

INITIAL IF YES _____ FOR BLOOD WORK INITIAL IF NO _____ FOR BLOOD WORK

INITIAL IF _____ BLOOD WORK HAS BEEN PERFORMED WITHIN LAST 30 DAYS Date: _____

REMEMBER: Blood work is REQUIRED for all pets 7 years of age or older and for any pet with any pre-existing medical condition that may increase the risks of anesthesia.

HEARTWORM TESTING: Heartworms are the most life-threatening of all canine parasites. Unchecked, heartworms can restrict the flow of blood to the heart, leading to organ failure. Since heartworm and their larvae reside primarily in the heart and lungs, we recommend a heartworm test before anesthesia for the safety of your pet. Test also screens for Ehrlichia and Lyme disease.

INITIAL IF YES _____ FOR HEARTWORM TESTING INITIAL IF NO _____ FOR TEST

REMEMBER: If your pet is current on heartworm preventative, a heartworm test is required every 2 years. If your pet is not currently on preventative or if your pet may have missed a dose of preventative then a heartworm test is recommended before any anesthetic procedure.

INITIAL _____ Yes, I understand that after the doctor's assessment of my pet, fluids may be administered during the anesthetic procedure at an additional fee.

I have read and fully understand the above terms and conditions set forth above.

Signature of Owner or Agent

Date

Signature of Parent or Legal Guardian (if owner/agent less than 18 years of age) Date