



The Little Apple Veterinary Hospital

Authorization for Anesthesia/Surgery

Client # _____
Weight: _____

Owner: _____
 Phone (today): _____

Pet's Name: _____
 Surgical Procedure: _____

I UNDERSTAND: As the owner or agent of the above animal, I hereby give my consent to perform anesthesia and surgery. I understand during the procedure, unforeseen conditions may be revealed which necessitate further medical or surgical procedures. I have been informed and have held my pet off food for at least 7 hours prior to the set surgery time (rabbits, some exotics and certain medical conditions like diabetic pets are excluded). I am also aware there are risks involved with any anesthetic or surgical procedure. I understand vaccinations on my pet must be up-to-date. If fleas, ticks and/or ear mites are found on my pet, I understand my pet will be treated immediately to reduce the risk of transmission to other pets in the hospital.

Signature: _____ Date: _____

RECOMMENDED TESTING: Although advances in anesthesia and surgery have made routine procedures safer, occasional problems can arise due to preexisting conditions not evident during routine physical exams. To avoid these problems, we **HIGHLY RECOMMEND** a pre-anesthetic blood profile to screen for kidney function, liver function, diabetes, bleeding disorders, and anemia. It is also an option to have us place an IV catheter in case of emergency where medications need to be given quickly intravenously.

Brachycephalic Breeds: A brachycephalic animal is one who has been bred to have a shorter than normal muzzle and flattened face. This includes breeds such as bulldogs, boxers, shih tzus, lhasa apsos and pugs and cats such as Persians and Himalayans. These patients have an increased risk of death during anesthesia. They are also more likely to suffer from complications including but not limited to swollen airways, delayed recovery, pneumonia and eye injuries.

_____ *I understand that my pet is a brachycephalic breed, and due to their anatomy is at a higher risk of complications, including death.*

Exotics: Exotic pet species, such as guinea pigs, rats, hamsters, rabbits, ferrets and birds have a higher risk of anesthetic death and surgical complications. Animals who are designated as prey species are prone to capture myopathy, where they can die from the stress of minor handling.

_____ *I understand that exotic pets experience a higher rate of anesthetic and surgical complications, including death.*

RESUSCITATION: Little Apple Veterinary Hospital strives to keep patients healthy during anesthetic procedures. In the unlikely event of a life-threatening anesthetic or surgical complication, we will make all efforts to contact you.

Please initial your choice.

_____ **DNR** – DNR means “do not resuscitate”. I **DO NOT** want CPR performed on my pet. I understand that if my pet stops breathing and/or his/her heart stops beating that my pet will die unless CPR is performed.

_____ **CPR** – I wish the staff to perform CPR (resuscitation) on my pet if my pet suffers from cardiac or respiratory arrest. I understand that my pet may not respond to CPR or may respond initially and then suffer another arrest later, or may die despite CPR. Management of the post-arrest patient requires vigilant monitoring; this care is costly and the outcome is uncertain.

Little Apple Veterinary Hospital will make all efforts to contact you in the event that resuscitation becomes necessary.

Tattoo: Little apple Veterinary Hospital may place a small green line on your pet's abdomen to indicate that they have been spayed or neutered. This will protect from unnecessary surgery in the future if they become lost or change owners.

_____ **Yes, I Would** like my pet to receive a tattoo. _____ **No, I do not** want my pet to receive a tattoo.

Please indicate your choices for additional testing/procedures below and initial:

- | | | | | |
|---------------------------------------|------------------------------|-----------------------------|----------------|---|
| Pre-Anesthetic Blood Profile with CBC | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Initials _____ | \$160.00 (incl. w/ routine surgeries) |
| CBC with Chem 17/T4/SDMA | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Initials _____ | \$232.00 (or \$160.00 if doing routine surgery) |
| IV Catheterization | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Initials _____ | (incl. w/ most routine surgeries) |
| IV Fluids | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Initials _____ | (incl. w/ most routine surgeries) |
| Heartworm Test (Dogs) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Initials _____ | \$55.00 |
| Leukemia/FIV/Heartworm Test (Cats) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Initials _____ | \$67.20 |
| Clean Teeth & Dental Radiographs | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Initials _____ | \$348.40 (feline) / \$428.40 (canine) |
| Oravet In-Clinic Application | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Initials _____ | \$16.80 |
| Oravet Take-Home Kit | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Initials _____ | \$38.00 |
| Extractions (If needed) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Initials _____ | Varies |
| Remove Growths | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Initials _____ | Varies |
| Histopathology (1-3 samples) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Initials _____ | \$198.00 |

Please note additional services you would like performed while your pet is under anesthesia:

- | | | | | |
|--------------------------------|------------------------------|-----------------------------|----------------|--------------------------|
| Elizabethan Collar | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Initials _____ | \$9 - \$17 (size varies) |
| Trim Nails | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Initials _____ | Complementary |
| Clean Ears | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Initials _____ | Complementary |
| Express Anal Sacs | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Initials _____ | \$42.00 |
| Intestinal Parasite Exam | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Initials _____ | \$40.40 |
| HomeAgain Microchip | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Initials _____ | \$72.80 |
| Yesterday's News (cat declaws) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Initials _____ | \$8.62 |

Your pet requires the following:

None – pet is up to date

Canine Vaccinations: Rabies DA2P+4L Bordetella Influenza Initials _____

Feline Vaccinations: Rabies Bordetella FVRCP Initials _____

Other (please list): _____ Initials _____

Prices do not reflect additional charges for needed extractions during dentals, in-heat or pregnant spays, etc.

DID YOUR PET TAKE ANY MEDICATIONS OR EAT THIS MORNING? YES NO

I, hereby grant permission to Little Apple Veterinary Hospital to use images, likeness and sound as recorded on audio or video of my pet for use of marketing materials and education (Print Media, Brochure, website, etc.) It may be edited, copied, exhibited, published and waive any rights to royalties or other compensation arising or related to the use of my pet's image or recording. I also understand that this material may be used in diverse educational settings with an unrestricted geographic area.

_____ **Yes, I don't mind.**

_____ **No, don't use my pet's photo.**