



SURGICAL INFORMATION PACKET

Dear Client,

Your pet has been scheduled for an upcoming surgery in the near future. In our attempt to assist clients, we have put together this packet to make surgery day as easy and stress-free as possible. In addition to this letter, you will find that the following information has been enclosed:

1. Pre-Anesthetic Blood Testing Information Form (**Bring in Day of Surgery**)
2. Surgical Information Sheet (**Bring in Day of Surgery**)
3. Surgical Admitting Form (**Bring in Day of Surgery**)

Please read carefully all the enclosed information. If you have any questions, please feel free to call us. On your pets' surgery day, we require you to review and sign a Treatment and Consent Form—which allows you to choose optional services.

We require a phone number(s) where you can be reached surgery day by call, or text message.

Failure to be reached on the day of the procedure may result in postponement of the surgery.

The night before your pet's surgery...

- ✓ Withhold all food and treats after 9:00pm.
- ✓ Water may be left down after this time period.
- ✓ If you are currently administering any medications, vitamins and/or injections, be sure to give your pet the morning doses unless otherwise instructed by the doctor.

Please make arrangements for your pet to be dropped off on the morning of scheduled surgery **between 7:30 and 9:00am**, unless other arrangements have been made in advance. At time of drop off, our team will be happy to answer any questions/concerns and collect the enclosed/completed Authorization Forms.

Our veterinary assistants will escort your pet to the surgical prepping area to wait for their surgery. If you have elected any of the recommended blood tests, our assistants will collect all blood samples and tests prior to surgery. They will also provide your pet with the scheduled oral pain medication at this time.

If any questions arise, the doctor may contact you at the number on the Treatment Form.

You are welcome to check on your pet's status, however, we request that you allow plenty of time for your pet's procedure to be done. Our assistants will call you when your pet is recovering from anesthesia. At this time, we will be able to give you an idea when your pet may be discharged. If you need your pet discharged by a specific time please inform the assistant at drop off.

When you arrive to take your pet home, the receptionist will bill you out and the veterinary assistant will go over all discharge orders verbally and give you a written copy. If you do not understand any instructions, please do not hesitate to ask them to go over them one more time. Instructions are also available through the website.

We hope surgery day will be a pleasant experience. Remember, our team knows surgery can be an anxious time and we are always available to answer any and all questions concerning the upcoming procedure.



PRE-ANESTHETIC BLOOD TESTING INFORMATION FORM

PLEASE READ CAREFULLY.

Our greatest concern is the well-being of your pet. Before putting your pet under anesthesia, we routinely perform a pre-surgical physical examination.

We also highly recommend and sometimes require that a **Pre-Anesthetic Blood Profile** be performed on all pets' undergoing anesthesia to maximize patient safety.

The **Pre-Anesthetic Blood Profiles** helps alert our surgeon to the presence of dehydration, anemia, infection, diabetes and/or kidney or liver disease that could complicate the procedure. These conditions may not be detected **without** a pre-anesthetic profile thus not allowing us to identify possible concerns prior to the procedure. These tests are similar to those your own physician would run if you were to undergo anesthesia. In addition, these tests may be useful if your pet's health changes to develop faster, more accurate diagnoses and treatments.

**State of the art equipment enables us to perform the pre-anesthetic blood profile at our hospital and we are committed to making this technology available to our patients.*

The Treatment Form you will sign on your pet's surgery date will offer pre-anesthetic blood work.

The **Complete Blood Count (CBC)** and **Pre-Anesthetic Profile** which includes:

- CBC: PCV (Anemia), White Blood Cell Count (Infection) & Red Blood Cell Count (Anemia/Bleeding Disorder), Platelet Count (Clotting Disorder)
- Profile: BUN and Creatinine (Kidney), ALKP and ALT (Liver), Glucose (Sugar), Total Protein (Dehydration), and Electrolytes (Imbalance).

To Decline the recommended pre-anesthetic blood tests at this time and requests that we proceed with the procedure. Please check the **DECLINE** box on the optional procedures form that follows. In general our anesthetic protocols are safe, so we are happy to proceed with the procedure if blood work is declined, but do keep in mind if there is an anesthetic complication it will be difficult to determine a cause without performing blood work prior to anesthesia.

You will notice other tests available that are not included in the above choices. We have selected tests that give the doctors a suitable overview of healthy patients. However, if the patients are in their senior years (above 7 years old) or are sick, the FULL comprehensive profile can be done the day of the procedure at the owner's request. It has been included in the senior pet estimate.

On the Feline Patient Authorization Form, our feline owners will see a FeLV/FIV Test option. We highly recommend this test be performed on all feline patients at least once in their lives because Feline Leukemia and Feline Immunodeficiency Virus (Feline Aids) are viruses for which no cure exists. If your pet goes outside, we recommend administering the Feline Leukemia vaccine as well. Please ask questions if you would like to learn more about Feline Leukemia and Feline Aids.

We realize surgery and anesthesia are scary for both the owner and patient and we attempt to make surgery day as safe and comfortable for all involved. The physical examination and blood work done prior to any surgical procedure allows us to best minimize anesthetic and surgical risks and maximize patient safety.

If you have any questions or hesitations about the scheduled procedure, please do not hesitate to call us to discuss any aspect of the upcoming procedure.

CLIENT INITIALS _____



SURGICAL INFORMATION FORM

PLEASE READ CAREFULLY.

Anesthetic Procedures & Risks

We use a combination of pre-anesthetic medications, injectable and/or inhalant anesthetics to achieve optimum levels of balanced anesthesia and multimodality pain control that is safe for your pet.

For most elective procedures, a total injectable anesthetic is given that produces a good plane of balanced surgical anesthesia and pain control with a quick recovery.

For some procedures, your pet is anesthetized and then intubated (insertion of a tube into the trachea or wind pipe). This will ensure that your pet is able to receive oxygen at all times and prevents aspiration of any fluids into the lungs.

For procedures that require lengthy anesthesia, an injectable anesthetic is given that produces a good plane of sedation with quick recovery. Anesthesia is maintained with a gas anesthetic, Isoflorane, or injectable Propofol. Your veterinarian will discuss these with you as needed.

Monitoring & Pain Management-Monitoring of patients during anesthesia is done in two ways. First, a veterinary assistant and/or a veterinarian is with your pet continuously from beginning of anesthesia to recovery. Second, we have a computerized monitor that records heart rate, pulse rate, respiration, ECG, core and rectal temperature.

Our clinic strongly believes in compassionate, quality, medical care for our patients. As a result, all surgery patients will receive pain management before, during and after surgery, unless declined by the owner. Additionally, pain medication may be prescribed for use at home. Additional information will be given at discharge. We hope this program will reduce any discomfort experienced and aid in a quicker recovery.

Intravenous Catheterization & Fluids

We highly recommend the placement of an IV catheter and use of IV fluids during most extensive anesthetic procedures. This allows us to have quick, available access to the circulatory system (blood) in case of an unforeseen emergency. The fluids help provide support to the circulatory system and prevent dehydration, as well as aid in a quicker recovery from anesthesia.

Potential Surgical Complications: *List is not all inclusive.*

Canine and Feline Spay

Bleeding, Infection, Recurrent Heat, Urinary Incontinence, Suture Reactions, Incision dehiscence

Canine and Feline Neuter

Bleeding, Infection, Scrotal Swelling/ Hematoma, Suture Reaction (Canine Only), Incision dehiscence

Feline Declaw

Bleeding, Infection, Limping/Lameness, Regrowth of Nail

Tumor/Lump Removal

Bleeding, Infection, Swelling and Drainage, Hematoma/ Seroma formation, Suture Reaction, Incision dehiscence

It is important for you to understand that there is always a risk of anesthetic and surgical complications anytime these procedures are performed. We strive to take the highest quality care of your pet and take all the added precautions you allow to avoid potential problems. Thank you for entrusting your pet to us.



SURGERY ADMITTING FORM

Vaccination History

	Yes	No	Update Today		Yes	No	Update Today
Rabies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Feline Distemper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FeLV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Feline Pet History

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Update FeLV and FIV test today? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has the pet been checked for intestinal parasites in the last 6 months? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your pet eat this morning? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is your pet allergic to any drugs? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your pet had any illness or injury in the past 30 days? |
| <input type="checkbox"/> | <input type="checkbox"/> | Any history of seizures and/or previous anesthetic problems? |
| <input type="checkbox"/> | <input type="checkbox"/> | Current medications? _____ |

Procedure To Be Performed: Spay Neuter Declaw Dental

Elective Procedures To Be Done At The Same Time: (Additional Fees Apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Extract Deciduous Teeth | <input type="checkbox"/> Ear Cleaning | <input type="checkbox"/> Declaw- Front Feet |
| <input type="checkbox"/> Microchip Implant | <input type="checkbox"/> Toe Nail Trim | <input type="checkbox"/> Declaw- 4 Feet |
| <input type="checkbox"/> Repair Umbilical Hernia | <input type="checkbox"/> Flea Control | <input type="checkbox"/> Provide E-collar |
| <input type="checkbox"/> Repair Inguinal Hernia | <input type="checkbox"/> Other: _____ | |

Owner Authorization & Release:

I understand all anesthesia & surgery involves some potential risks and complications for my pet.

I Do authorize Decline the recommended PVC (Packed Cell Volume). I understand that this test checks for anemia (Low red blood cell numbers) at an additional cost as provided in my estimated fees.

I Do authorize Decline the recommended PRESURGICAL BLOOD SCREENING. I understand that this test checks for problems with internal organs, such as the liver, and kidney at an additional cost as provided in my estimated fees.

Vaccination Decline: I understand that state law requires rabies vaccination for all pets. I also understand clinic policy requires Feline Distemper (Upper Respiratory) vaccination for cats be current. I decline vaccination at this time because vaccinations have been given elsewhere and are current. If my pet bites another animal or person while at this veterinary clinic, I can and will provide written evidence of a current rabies vaccination within 24 hours of notification to do so.

Signature of Owner/Agent : _____

Date: _____ **Phone:** _____