

Elective Surgery

Name: _____

Address: _____

Phone number: _____ Email: _____

Patient: _____

Species: _____ Breed: _____

Date of birth: _____ Age: _____ Colour: _____

Sex: _____ Spayed/neutered: _____

What surgery are they having? _____

Would you like presurgical bloodwork? _____

Last time they were fed: _____

Last time they had access to water: _____

Still have deciduous teeth (baby teeth): _____

Would you like us to remove any problematic deciduous teeth? _____

Have they gone in heat? If so when was the last time? _____

Do they have both testicles? _____

Any current medications? _____

Current diet: _____

Would you like a microchip or do they have one? _____

Do you need a cone? _____

Who will pick them up? _____

Best number to reach you during/after surgery: _____

Would you like your pet to have a complimentary nail trim? _____

Have you received an estimate for this procedure in last 60 days? _____

Consent for Anesthesia and Surgery

I, the undersigned, being the owner of or authorized agent of the owner, give permission for the hospitalization of this animal for the purpose of diagnosis, treatment, surgery or other procedures, as specified by this release. I understand you will use reasonable precautions to assure the animal's safety while it is in your care, but I do understand there are risks associated with any procedure, including routine anesthetics. The most serious risk associated with anesthetics is death, which is very rare, but sometimes happens, even in young healthy animals. If you have any questions regarding risks associated with a particular procedure (spay, neuter, orthopedic procedure) please ask us. I understand these risks and am prepared to accept responsibility if anything should happen, and will not hold the clinic liable. I am responsible for payment of the above services at the time the animal is discharged.

Signature: _____

I have read and agree

Consent for CPR

I understand that unforeseen conditions may be revealed during the identified procedure(s) which, in the opinion of the attending veterinarian, may require more extensive or different procedures or treatments. I understand that reasonable efforts will be made to contact me to explain these procedures and treatments and obtain instructions regarding them. However, if the efforts are unsuccessful, I authorize performance of any life sustaining procedures or treatments, which are in the professional opinion of the attending veterinarian. This would be things such as CPR, in animals, like in humans, is a life-saving procedure that uses medications, artificial breathing and chest compressions. This is to help revive the pet when they stop breathing on their own and/or their heart stops beating.

Agree Disagree

If during surgery it is found that more teeth than estimated are required to be extracted for medical reasons, do you give permission to proceed and contact you after surgery with an update? (If no is chosen, we will be required to call for permission during the surgical procedure. If we cannot get a hold of you within 5-10 minutes we will have to wake up your pet and discontinue).

Consent for Additional Fees

I understand that there will be additional fees in surplus of the base surgical cost of spay/neuter in certain circumstances:

- If my pet may have already gone into heat which would be an additional cost of \$70-\$300 depending on difficulty.
- If my pet is cryptorchid (absence of one or both testes from the scrotum), I understand and consent that there will be an additional cost of \$58-\$150 depending on location and difficulty.

Consent to Feature Patients

Companion Animal Hospital occasionally features patients on its Facebook and Instagram page. With your permission, may we share your pet's picture, video or story. We may mention your pet by name, but never the owner's name.

Agree Disagree

Presurgical Bloodwork Information

Bloodwork is recommended prior to every anesthetic procedure to ensure that your pet is fully able to handle the anesthetic for a lengthy procedure. We take a small amount of blood prior to any sedation and run it through a number of machines to check many internal values that we are unable to see with our naked eye. This may give us the ability to catch something before it gets advanced and clinical. This test checks their red blood cells, white blood cells, platelets, liver enzymes, & kidney enzymes. If this test comes back all normal, this will give us a good baseline as your pet ages. At this point this is optional, but the test is highly suggested for every pet!

During Surgery

Intravenous fluid therapy: This is included with your pet's spay procedure. Intravenous Fluid Therapy will help to maintain your pet's blood pressure during surgery and will help them recover quicker from anesthesia. Note this will result in your pet having a shaved spot on their front arm and will provide vein access for the duration of their procedure.

I have read this paragraph

Blood pressure: While your pet is under anesthesia we will also take their blood pressure. This will help us make confident decisions on how their anesthetic is going to better help them through this. There may be a small shaved spot on one of the feet near their paw pads depending on the type of blood pressure machine that is used.

I have read this paragraph

Monitoring: While your pet is under sedation a veterinary technician will be monitoring them the entire time and checking their vitals.

I have read this paragraph

Privacy of personal information is an important principle to Companion Animal Hospital. In compliance with the federal Personal Information Protection and Electronic Documents Act (PIPEDA), we are committed to collecting, using, and disclosing personal information responsibly and only to the extent necessary for the goods and services we provide. The primary purpose for collecting personal information is to provide veterinary services.