

Crooked Creek Animal Hospital
Surgery and Pre-Anesthetic Consent Form

Pet Name: _____ **Client Name:** _____

Age: _____ **Gender:** _____ **Breed:** _____ **Weight:** _____

PLEASE READ CAREFULLY

As your pet eaten since 10 pm last night? YES____ NO____

Have you noticed any vomiting, coughing, sneezing, diarrhea, seizures, abnormal urination or limping? YES____ NO____

Has your pet had any illness or injury in the past 30 days? YES____ NO____

Has your pet had any reactions to medications, anesthesia, or vaccines? YES____ NO____

Is your pet currently on any medications, including any supplements? YES____ NO____

Name_____ Dosage_____

Name_____ Dosage_____

Has your pet had a fecal exam in the last 6 months? YES____ NO____

Has your pet been checked for heartworms in the last 6 months? YES____ NO____

Is your pet current on vaccinations? YES____ NO____

****if YES, you must provide proof of medication and date given unless given by Crooked Creek***

****if NO, we require all pets to have vaccinations. Required vaccinations are \$71.50 for dogs and \$60.50 for cats***

PRE-ANESTHESIA

Like you, our greatest concern is the well-being of your pet. We will monitor your pet before, during and after surgery.

As standard procedure, we will be performing a visual examination on your pet. For their safety, performing pre-anesthetic blood work is highly recommended by the doctors for all pets. These diagnostics reduce many of the risks of surgery. **The estimated cost of these in-house tests: \$_92.50_ blood work**

Mandatory blood work is REQUIRED for all patients that are 6 years or older. A pre-anesthetic profile includes a CBC, and a pre-anesthetic chemistry panel to detect any early stages of dehydration, anemia, diabetes, heart and/or liver disease failure which otherwise cannot be readily detected.

The pre-anesthetic profile is similar to the procedures performed on us before we are put under anesthesia. If the pre-anesthetic profile is not performed, complications may occur due to anesthesia.

Depending on the procedure, it may also be necessary to perform x-ray(s) or ultrasound to properly assess the patient which would be an additional cost. **Please let our staff know if you do not wish to have any of these tests performed for any reason at time of admission, except for those required due to age.** Our clinic is committed to making this technology available for your pet and their health and the best possible outcome. **The estimated cost of these in-house tests: \$_55.00_ 1st X-ray \$_33.00_ Additional X-rays (each) \$_71.50_ Ultrasound**

PLEASE INDICATE YOUR CHOICE BY CHECKING THE APPROPRIATE BOX

() Please **complete** the recommended pre-anesthetic blood work prior to surgery.

() I understand the value of the recommended pre-anesthetic blood work and risks involved, but **decline** at this time.

Procedure to be performed:_____

Brachycephalic Breed Protocol

We consider brachycephalic breeds a higher risk patient due to the following:

****These breeds have physical characteristics that make anesthesia and sedation more challenging and pose more possible complications than the average house pet.***

****These breeds have shortened skulls, resulting in a compressed nasal passage and abnormal throat anatomy. The abnormal upper airway anatomy causes increased negative pressure while taking a breath leading to inflammation, deformation of throat tissues and obstruction of breathing.***

****I am aware that if my brachycephalic pet undergoes sedation or general anesthesia the potential complications include partial or complete airway obstruction during recovery and regurgitation/vomiting which could lead to aspiration pneumonia/respiratory distress.***

**Our recommendation for the well-being of your pet is performing pre-surgical blood work (\$92.50) and well as placing an intravenous catheter (\$86.50).*

() Please **complete** the recommended pre-anesthetic blood work as well as intravenous catheterization.

() I understand the value of the recommended pre-anesthetic blood work and intravenous catheterization, but **decline** at this time.

_____ (**initial**) I have been advised as to the nature of this procedure to be performed and the risks associated. I hereby state that I have discussed any questions or concerns I have and understand that it may be necessary to provide medical and/or surgical procedures which are not anticipated for the safety or care of the above-mentioned pet. I hereby further consent to and authorize the performance of such altered or additional procedures as are deemed necessary and accept responsibility for any and all additional charges that may be accrued.

MICROCHIPPING

Permanent HOME AGAIN Micro chipping is a very simple and safe way to permanently identify your pet. Because we at Crooked Creek Animal Hospital feel this is so important for you & your pet, we offer this at the reduced rate of **\$44.00** if done during a surgical procedure, plus activation fee (\$22.00 first year).

☐ **Yes**, I want Home Again Microchip

☐ **No**, I decline Home Again Microchip

MISCELLANEOUS SERVICES ESTIMATE

While your pet is under anesthesia, we are able to perform many convenient procedures such as nail trims, general ear cleaning or vaccinations.

☐ **Yes, dental cleaning** (\$108.00 + sedation (approximately \$55) + fee per extraction if needed) *If the dental cleaning is approved by our doctor*, an antibiotic injection will be required if not currently on an antibiotic, which is an additional cost based on weight. Antibiotics and pain medication after procedure are an additional cost based on weight.

☐ **Yes, trim nails** (\$ __8.80__)

☐ **Yes, clean ears** (\$ __8.80__)

☐ **Yes, update all overdue/outstanding vaccinations** (\$ _____)

☐ **Yes, update any REQUIRED vaccinations for procedure only** (\$ _____)

****PLEASE NOTE:** Our staff will administer flea/tick prevention during the hospitalization should the need be determined to help eliminate potential worsening before, during, or after the procedure and for the protection of our other clients/patients. **This cost will be added to your statement.**

PAYMENT POLICY

WE REQUIRE FULL PAYMENT AT THE TIME SERVICES ARE RENDERED. For your convenience, we accept Visa, MasterCard, Discover, Care Credit, cash and personal checks. **WE DO NOT OFFER PAYMENT PLANS.**

I give **CROOKED CREEK ANIMAL HOSPITAL** staff my consent to examine, prescribe for, treat, and perform the procedure(s) stated above, on my pet. ***I further give permission to examine, treat, and prescribe for, as deemed appropriate by the admitting or on call veterinarian, or staff he/she directs to treat, to preserve the life or well being of my pet without prior authorization if necessary.*** I understand, as with any surgical procedure(s), utilization of anesthesia or administration of medication(s), risks are involved which may or may not be foreseen and will not hold the hospital responsible for any complications that may occur.

PLEASE SIGN BELOW AND INCLUDE A PHONE NUMBER SO YOU CAN BE REACHED BY ONE OF OUR STAFF AFTER THE PROCEDURE TODAY. PLEASE INDICATE IF TEXT UPDATES ARE ACCEPTABLE.

Signature: _____ Date _____

Home/Work Number _____ or Cell Number: _____

Text or Email Updates are acceptable _____ Email: _____

Emergency Contact Name: _____ Phone/Cell Number: _____

****Disclaimer: Please note fees, charges, estimates are subject to change, without prior notice, based on current market price from vendors. Crooked Creek will endeavor to maintain updated costs in each form, but all charges listed are ESTIMATES. Final charges will be based on case specific circumstances to your pet.**



THERE WILL BE ADDITIONAL CHARGES SHOULD YOUR DOG OR CAT BE IN HEAT, PREGNANT, OR FOUND TO REQUIRE ANTIBIOTICS OVER AND ABOVE THE ESTIMATE(S) PREVIOUSLY GIVEN. THESE CHARGES ARE NOT COVERED BY MARL OR CARA CERTIFICATES AND WOULD BE YOUR RESPONSIBILITY.

EVERY PRECAUTION IS TAKEN TO ENSURE THE HEALTH AND WELL BEING OF YOUR PET BASED ON THE SERVICES YOU HAVE ELECTED TO HAVE DONE. However, please be aware there are risks associated with every service.