



This is to confirm that **your pet** is scheduled for Surgery

A technician will meet with you in the morning at 8:00 am before & answer any questions you may have.

Enclosed you will find a surgery/pre-anesthetic testing form. Please read and complete this form, and bring it with you when you drop your pet off for surgery. Pre-anesthetic blood work gives the doctor an inside look at your pet's vital internal organs. We are especially concerned with the health of the liver and kidneys as these organs help the body get rid of the medications used during surgery. We strongly recommend completing this simple blood work to help ensure the safety of your pet. Enclosed is also a brochure we recommend you read, that explains why pre-anesthetic testing is important to your animals health.

**All dogs must be current on their rabies vaccination!** The State of Wisconsin requires that all dogs be vaccinated for rabies. If your dog is not current on their rabies, the vaccination must be given in order for us to perform the surgery requested. Cats, at this time, are not covered by this mandate, but we at the Hoof & Paw Vet Clinic Strongly urge all pet owners to have all of their pets vaccinated for rabies. If you do not want your cat vaccinated for rabies, you will be required to sign a waiver when the animal is dropped off.

## Pre-surgery Checklist

- Remove all food after midnight the night before your pets surgery
- Remove water the morning of your pet's procedure
- Complete/ sign the pre-anesthetic testing form
- Give lots of extra pats and kisses

*If you have any questions regarding pre-anesthetic blood testing or your pet's upcoming procedure, please don't hesitate to phone.*

**Payment in full is expected at the time of service. We accept Care Credit, cash, checks, American Express, VISA, Mastercard & Discover.**

\*\*\*Please leave us a phone number(s) where you can be reached the day of surgery:

Home: \_\_\_\_\_ name: \_\_\_\_\_

Cell: \_\_\_\_\_ name: \_\_\_\_\_

Work: \_\_\_\_\_ name: \_\_\_\_\_

E-Mail : \_\_\_\_\_ (Optional)

**Please read carefully and sign**

Your pet is scheduled for surgery/anesthesia. We recommend a blood profile to ensure that your pet is in a low risk category prior to anesthesia. The latest technology has enabled us to run safe and accurate blood chemistries minutes before anesthesia induction. These tests are similar to those your own physician would run if you were to go under anesthesia. In addition, the results of these tests will serve as reference values for future use should your pet become ill. Please check one – and sign at the bottom.

- Pre Anesthetic Bloodwork **Healthy Patients 6mo - 6 years old** \$84.00

\_\_\_\_\_ **Yes**, I would like the recommended blood tests performed. **Or...**

\_\_\_\_\_ **No**, I have elected to refuse the recommended blood work at this time and request that you proceed with anesthesia. I assume full financial responsibility for this animal. I understand there is always a risk with anesthesia.

**REQUIRED**

\_\_\_\_\_ PreAnesthetic Bloodwork **Patients 7 years and over** \$84.00

\*\*\* \_\_\_\_\_ Signature of owner

**Authorization for Anesthesia and/or Surgery and/or Laser Treatment**

Clients Name: \_\_\_\_\_ Pets Name: \_\_\_\_\_ Date: \_\_\_\_\_

Procedure(s) to be performed: \_\_\_\_\_

Dog vaccinations/ tests: Rabies DHLP - Lyme - Bordetella - Heartworm Lyme test other: \_\_\_\_\_

Cat Vaccinations/ tests: Rabies FVRCCP FELUEK Heartworm/FELEUK/FIV other: \_\_\_\_\_

*The most serious and or common complications of anesthesia/surgery/laser treatment include but are not limited to:*

- Coughing
- Vomiting and/or decreased appetite
- Constipation and/or diarrhea
- Unsteady gait
- Mild bruising
- Skin reactions
- Personality change for 1-2 days such as sleeping more, hiding, and confusion
- VERY RARE CASES, blood loss and or death

I certify that I am 18 years of age or older. I understand that some risks always exist with anesthesia and or surgery and/or laser treatment and that I am encouraged to discuss any concerns I have with the attending Veterinarian regarding these procedures. I understand that Veterinary Medicine is not an exact science and that no guarantees have been made regarding the outcome of the discussed said procedures. \_\_\_\_\_ Initial

In the event my pet is hospitalized, I understand that the Hoof & Paw does NOT provide any staff during the hours of 6:00pm and 6:30am. If I desire my pet to have direct constant supervision during these hours, I understand that the Hoof & Paw recommends transfer of my pet to an emergency clinic of my preference, the cost being my responsibility. \_\_\_\_\_ Initial

I accept that Veterinary Medicine is an inexact science and that no guarantee of successful treatment has been made. I have read and understand the nature of the said procedures and accept the specific terms & conditions set forth herein. If I have any questions it is my responsibility to contact the Doctor for further explanation. \_\_\_\_\_ Initial

I understand that in the event of any unforeseen circumstances that I am responsible for the cost incurred for my pets care. \_\_\_\_\_ Initial

Signed: \_\_\_\_\_ Date: \_\_\_\_\_