



Surgery/Anesthesia Authorization Form

Client name: _____ Patient Name: _____

Date: _____ Breed: _____ M / F Color: _____

Anesthetic/medical/surgical procedure(s) to be performed:

Is your pet on any medications (Including Heartworm and Flea/Tick Preventatives) currently? YES NO

If yes, list below:

- 1. _____ dose: _____ last given: _____
- 2. _____ dose: _____ last given: _____
- 3. _____ dose: _____ last given: _____

History:

What food does your pet eat, and when was the last time your pet ate? _____

Does your pet have a history of seizures? YES NO Explain: _____

Does your pet have reactions to medications/vaccines? YES NO Explain: _____

Does your pet have any allergies? YES NO Explain: _____

Is your pet housed: INDOORS OUTDOORS BOTH

Is your pet currently experiencing any signs of illness? (within the last 2 weeks) If Yes, Explain:

The health of your pet and our other clients is as important to us as it is to you; therefore, your pet must be current or receiving vaccinations today. Proof must be provided. (Canine: Rabies, Bordetella, DAPP / Feline: Rabies, FVRCP) All pets must be free from external parasites (fleas and ticks) and are current on vaccinations when admitted to the hospital; if not, the pet will be treated/updated at the owner's expense.

Initial: _____

If your pet does not have a microchip, would you like us to place one today? YES NO 57.75

Small breed pets often suffer from retained deciduous (baby) teeth after their adult teeth grow in. This condition creates overcrowding of teeth, retention of food or other debris between the teeth, and tartar buildup. This, in turn, leads to bad breath and damage to gums and adult teeth. Pets having surgery will have their teeth examined while under anesthesia. We may also need to take dental radiographs (starting at 82.25). We will extract any retained deciduous (baby) teeth that need to be removed.

Initial: _____



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Brachycephalic

Brachycephalic is a term for "short-nosed". Several dog breeds (and some cat breeds as well), may experience difficulty breathing due to the shape of their head, muzzle and throat. Shorter nosed dogs include English Bulldogs, French Bulldogs, Pugs, Boston Terriers, Shih Tzus, Lhasa Apso and many others. Shorter nosed cats include Persians, Exotics, and others with flat faces. The shorter than average nose and face in proportion to their body size can cause problems for these breeds at times.

We consider brachycephalic dogs (and cats) a high-risk population, especially during anesthesia and recovery for surgical procedures.

I am aware that brachycephalic breeds have a shortened skull, 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 to 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. More severe complications (including death) have been reported in <3% of cases.

I am aware that anesthetizing or sedating a brachycephalic animal for any reason can lead to the development of significant complications as described above.

Initial: _____

Dental Procedures

During a dental prophylaxis or other dental procedure, radiographs will be taken. After examining the radiographs, oral pathology or the need for teeth extractions or other oral surgery may be noted. **Teeth extractions/oral surgery are at additional cost. I realize that these procedures may need to be performed at additional cost.**

Initial: _____

During a dental prophylaxis, the gingival area is probed for **pockets of disease**. If these are located, we recommend packing the area with a special dental antibiotic gel which applies antibiotics directly to the area for 4-5 weeks. The cost of this procedure is generally \$85 to \$165 depending on the number of pockets to be filled and the amount of antibiotic required. This procedure is not commonly needed in cats.

Initial: _____

Pain Medication

Pets can't tell us when they hurt, so it can be difficult to know when they are in pain. Pain can lead to suffering and harmful physical effects that could actually interfere with the healing process. Our practice understands the importance of pain management and will prescribe medications before, during and/or after the surgical procedure as indicated, to reduce pain and discomfort for your pet and to promote a faster recovery. For **CATS**, which form of pain medication would you prefer to give at home?

Liquid _____ **Tablets** _____



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Presurgical Recommendations/Requirements

MUST BE DONE PRIOR TO DAY OF SURGERY

At Chesapeake Animal Hospital all pets going under anesthesia have the minimum presurgical bloodwork performed prior to any surgical procedure. All surgical patients receive a physical exam; however, the most thorough way to assess anesthetic risk is to perform preoperative tests.

- All pets are **REQUIRED** to have presurgical bloodwork performed (included in price of routine surgeries **ONLY**: **spays, neuters, dentals** for pets under 7 years of age).
- If your pet is older than 7 years of age it is **REQUIRED** to have presurgical bloodwork, thoracic radiograph and ECG performed prior to anesthesia/surgery.

Pre-surgical Bloodwork: This is our most comprehensive blood test, and it evaluates your pet's protein, CBC, platelets, and glucose levels. It also tests for infection, anemia, kidney and liver disease. Must be done within **30** days.

Pre-surgical Thoracic Radiograph (X-ray). This evaluates the heart size and clarity of the lung fields prior to undergoing anesthesia. This helps us determine if your pet has any underlying heart or lung disease prior to undergoing anesthesia. This is mandatory for pets 7 years old and older and those pets that have underlying cardiac disease (heart murmur). It is also recommended for those that are predisposed to heart problems.

Pre-surgical ECG. Performing an ECG prior to anesthesia allows us to check for any abnormal arrhythmias (heart function) prior to anesthesia. An ECG is highly recommended for dog breeds predisposed to heart problems such as Dobermans, Boxers, and King Charles Cavaliers. This is mandatory for pets 7 years old and older and those pets they have underlying cardiac disease prior to going under anesthesia.

Presurgical Bloodwork: *(Mandatory for all pets done within 30 days).*

Accept Done on _____

Under 7 years: CBC, Chem 10: **\$50.00**

Over 7 years: CBC, Chem 18, T4, Electrolytes: **\$100.00**

Presurgical Package: *(Mandatory for pets 7 years and older).* includes presurgical bloodwork, thoracic X-ray and ECG.

Accept Decline **only if pet is under 7 years of age** **\$225.00**

Presurgical Thoracic X-Ray: *(Optional for pets under 7 years of age)*

Accept Decline **\$123.25**

Presurgical ECG: *(Optional for pets under 7 years of age)*

Accept Decline **\$75.00**

******Note: All presurgical recommendations must be accepted or declined; otherwise Chesapeake Animal Hospital will perform ALL presurgical tests at the owner's expense.******

Complications associated with anesthesia / surgery include, but are not limited to: delayed healing, infection, delayed recovery, pain, hemorrhage (bleeding), hypotension, hypothermia, aspiration pneumonia, and/or death. I understand that veterinary medicine is not an exact science and that no guarantees have been made regarding the outcome of this/these procedures. I understand that I assume all responsibility for additional risks/complications resulting from refusal of prescreen bloodwork, x-ray, and/or ECG.

Initial _____

In the event your female pet is in heat, just finished heat, or is pregnant additional cost of the spay may apply. **Initial** _____



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Authorization to treat:
PLEASE INITIAL ONE OR THE OTHER

_____ (CPR) In the event of an emergency, your pet may require CPR and/or resuscitative life saving measures. In this event, every available medical measure will be used to save your pet. In this event additional cost(s) can occur that have not been estimated for. I choose to have the doctors and staff at **Chesapeake Animal Hospital** use every avenue available to resuscitate my pet.

******OR******

_____ (DNR) In the event of an emergency, your pet may require CPR and/or resuscitative life saving measures. I prefer that the doctors and staff at **Chesapeake Animal Hospital** DO NOT perform resuscitative measures.

I, the undersigned owner or agent of the owner of the pet identified above, certify that **I am** _____ (Initial) eighteen years of age or over and authorize the veterinarians at **Chesapeake Animal Hospital** to perform the above procedure(s). I understand that some risks always exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending doctor before the procedure(s) is/are initiated. While I accept that all procedures will be performed to the best of the abilities of the staff at this facility, I understand that veterinary medicine is not an exact science and that no guarantees have been made regarding the outcome of this/these procedures.

I acknowledge that I am responsible for payment in full for the above procedures and treatments at the time my pet is discharged. **Chesapeake Animal Hospital** does not accept payment plans or bill for services rendered. I agree that payment is received in full upon dismissal by Cash, Debit, American Express, Visa, Mastercard, Discover or Care Credit.

I have read, and understand and agree to the foregoing:

Printed Name

Signature of Owner or Authorized Agent

Date

In case of an emergency I can be reached at the following numbers:
(Please indicate which number to call first)

Home: _____

Cell: _____

Other: _____

Intake Assistant/Technician initials: _____