

CHOWAN ANIMAL HOSPITAL
Authorization for procedure, surgery, and / or anesthesia

Your pet _____ is scheduled for _____

This procedure will be performed under general anesthesia local anesthesia sedation

Preanesthetic Testing Release

Advances in anesthesia and surgery have made routine procedures safer, with a low rate of complications. However, problems can arise because of pre-existing conditions not evident during preanesthetic exams. To minimize this risk, we recommend preanesthetic testing using the following label tests:

- I request a minimum database prior to anesthesia**
(Recommended for all patients under 5)
Hematocrit, total protein, blood glucose, blood urea nitrogen
- I request a complete profile prior to anesthesia**
(Recommended for any patient over 5)
Complete blood count, chemistry panel, liver and kidney function
- I decline all recommended testing prior to anesthesia**

IV Catherization

Although rare, the most common complication of anesthesia and surgery is low blood pressure (hypotension). This complication can be managed through the use of IV fluids. To facilitate this, for procedures lasting longer than 10 minutes, we recommend an IV catheter be in place from premedication until recovery.

- I request the use of an indwelling IV catheter**

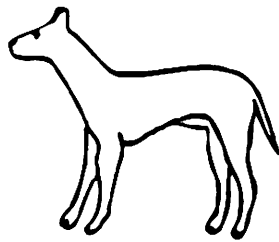
Pain Management

Any surgical or dental procedure requiring anesthesia can cause pain which may persist well into recovery. Giving medication to control pain makes the surgical procedure less stressful to your pet, promotes faster healing and a quicker recovery. Our doctors will select an appropriate medication to be given at the time of surgery to provide post-operative pain relief. For certain procedures, additional pain relief is recommended. Please indicate below if you would like additional post-operative pain relief.

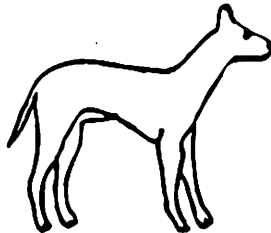
- Discharge pain relievers for my pet.**

Growth Removals

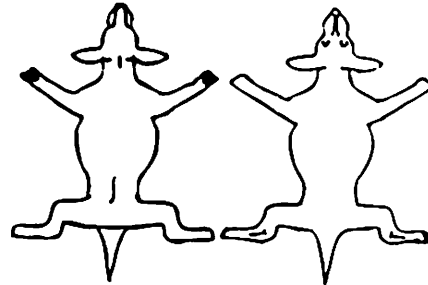
Please indicate the location of the growth to be removed on the pictorial provided below.



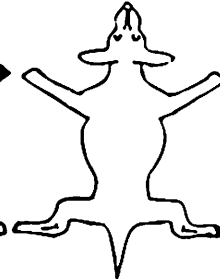
Left Side



Right Side



Underside



Topside

Biopsy Yes No Doctor's discretion

In addition to the above procedures, unless contraindicated, I request the following procedures to be performed:

Dogs

- | | | |
|---|---|---|
| <input type="checkbox"/> Heartworm test | <input type="checkbox"/> Fecal exam | <input type="checkbox"/> Nail trim |
| <input type="checkbox"/> Check ears for mites and/or infections | <input type="checkbox"/> DHLPP-PV vaccine | <input type="checkbox"/> Bordatella vaccine |
| <input type="checkbox"/> Rabies vaccine | <input type="checkbox"/> Lyme Vaccine | <input type="checkbox"/> Home Again Microchip |
| <input type="checkbox"/> Deworm | | |
| <input type="checkbox"/> Other: _____ | | |

Cat

- | | | |
|---|---|---|
| <input type="checkbox"/> FeLV/FIV test | <input type="checkbox"/> Nail trim | <input type="checkbox"/> FVRCP |
| <input type="checkbox"/> Check ears for mites and/or infections | <input type="checkbox"/> Rabies vaccine | <input type="checkbox"/> Bordatella |
| <input type="checkbox"/> FeLV vaccine | <input type="checkbox"/> FIV vaccine | <input type="checkbox"/> Home Again Microchip |
| <input type="checkbox"/> Deworm | | |
| <input type="checkbox"/> Other: _____ | | |

I would like a written estimate for the services I have requested.

Consent

Chowan Animal Hospital will use all reasonable and customary precautions during the procedure listed above. I understand that anesthesia, procedures and/or surgery involve some risk to my pet. I am aware of the inherent risks to my pet and I understand all the information presented to me in this consent form. I have also been given ample opportunities to ask any questions that I may have. I realize the hospital makes no guarantee or warranty regarding the results. Neither Chowan Animal Hospital nor its staff is to be held responsible for any adverse reactions. I give my consent for this procedure and I agree to pay in full when the pet is discharged.

Owner/agent _____ Signature _____ Please print name _____

Date _____ You may reach me today at (phone #) _____