

**SURGERY / ANESTHESIA CONSENT FORM
CAMPBELL PARK ANIMAL HOSPITAL**

PETS NAME: “<animal>” <last-name>

PROCEDURE: <appt-notes>

The goal of Campbell Park Animal Hospital is to provide the safest surgical/anesthetic experience possible. The more information the doctors have before and during a procedure, the greater the reduction of risk that a problem will occur. Included in your pet’s procedure(s) is electronic monitoring, I.V catheter, and I.V fluid administration (at the doctor’s discretion). Electronic Monitoring (B.P., Pulse Oximeter, EKG) helps screen for and identify certain cardiac problems, while an IV catheter provides venous access and proper cardiovascular support during anesthesia. IV Fluid administration helps maintain stable blood pressure and keep your pet properly hydrated during the procedure.

Post - operative pain medication will be included as deemed necessary by the veterinarian at an additional cost to ensure your pet’s continued comfort after the procedure.

Blood chemistries are recommended to help our doctors screen your pet for potential underlying issues prior to surgery. This panel is performed for an additional cost at a discounted rate.

The following recommendations are in addition to the cost of the surgery:

Blood Chemistry/CBC \$120.00 I Accept _____ I Decline _____

24 Hour PetWatch Microchip \$47.00 I Accept_____ I Decline _____

I accept all responsibility that my pet is in good health prior to surgery and that all food has been withheld since 8 pm on the night prior to surgery. I understand my pet must be current on Rabies (cats and dogs), FVRCP (cats), DHP and Bordetella (dogs). If my pet is not current on required vaccinations, I understand he/she will need to be vaccinated the day of the procedure. I am aware of the risk involved and release Campbell Park Animal Hospital and its Staff from any legal and financial responsibilities arising from the procedure.

I have read and understand the above recommendations and assume financial responsibility incurred for the procedure(s) and any recommendations chosen.

Owner Signature: _____

Date: <date>

<first-and-spouse> <last-name>

Telephone Number(s) where you can be reached during your pet’s visit:

If you would prefer a TEXT instead of call AFTER your pet’s procedure, indicate below:

CAMPBELL PARK ANIMAL HOSPITAL

DENTISTRY CONSENT FORM

Pet's Name: "<animal>" <last-name>

The teeth cleaning procedure often reveals problems that are otherwise undetected in the awake patient. Therefore, we need a phone number where we can contact you or an individual authorized to make decisions regarding treatment for your pet.

Examples of treatment may include: dental X-rays, tooth extraction(s), gum surgery, antibiotic gel treatment (doxyrobe), OraVet sealer, tumor biopsy, etc.

_____ **YES**, contact me at phone number _____ for
authorization of recommended treatment(s).***

_____ **NO** need to contact me, I pre-authorize treatment(s).

*** If no contact is made, the patient will not get the necessary treatment.

Sanos™ Veterinary Dental Sealant

Sanos™, when applied to the gum line after a professional dental cleaning, provides 6 months of gingivitis prevention/treatment.

Sanos™: \$45.00 - \$110.00 I Accept: _____ I Decline: _____

Signature _____

Date: <date>