



MECHANIC FALLS VETERINARY HOSPITAL

40 Park Street
Mechanic Falls ME 04256
207-345-3216
mcfallsvet@gmail.com

Surgery/Anesthesia Consent Form

Client Name: _____ Phone Number: _____

Patient name/ID: _____ Date: _____

Procedure: _____

Your pet is being admitted today for an anesthetic procedure. Our doctors take every precaution they can to ensure your pet stays safe under anesthesia. The doctors choose anesthesia based on your pet's breed, age, weight and examination findings. We also have full anesthetic monitoring with a machine and by our technical staff.

Please note that each anesthetic procedure includes a **pedicure (nail trim)**. If you do not want your pet's nails trimmed, please check the box here

Do not trim the nails

PRE-ANESTHETIC BLOODWORK: Pre-anesthetic blood work checks liver and kidney function, blood glucose, white blood cell count, red blood cell count and platelets. (This is not a test for heartworm, tick diseases, or feline leukemia/feline aids. You will be offered this test in the optional section below) Based on these results, the doctor will adjust the anesthetic plan.

YES, I UNDERSTAND THERE IS AN ADDITIONAL FEE

NO, BLOODWORK (NOT 4DX) HAS BEEN PERFORMED WITHIN THE PAST 30 DAYS

NO, I DECLINE

DOGS: Heartworm/Tick Panel test for **dogs**. It will screen for heartworm disease spread by mosquitos and three tick born diseases including Lyme and Anaplasmosis which we frequently see in this area. Anaplasmosis is a tick borne disease that can cause delayed clotting times and therefore unexpected bleeding. It is also being transmitted to dogs on excellent tick preventatives.

YES A positive test result will lead to postponing surgery pending treatment.

NO I understand by declining this test, Mechanic Falls Veterinary Hospital/staff will not be held liable.

CATS: Feline Leukemia/Feline Aids test for **cats** is transmitted in utero from mom, as a sexually transmitted disease or through bite wounds. These are viruses that suppress the immune system in cats, are transmissible to other cats (as previously described) and are not curable.

- YES
- NO

PAIN MEDICATION: All surgery causes pain but each animal handles and displays symptoms of pain differently. Symptoms of pain can be not eating, panting, restless behavior, not wanting to move, urinary and bowel movement habit changes and licking/chewing at their incisions.

- YES An injection will be given prior to surgery and oral medication will be sent home.
- YES Injection prior to surgery only. **NO MEDICATION SENT HOME**
- NO

E-COLLAR: This is a hood they wear over their head to prevent access and therefore licking and chewing of their incision. We recommend this especially if you already know your pet licks to lick or groom excessively.

- YES **circle choice: plastic cone inflatable donut**
- NO If they do open their incision, they will need medical attention at an additional fee.

MICROCHIP INSERTION: A microchip is a permanent form of identification but is **not a GPS locator**. If your pet was to get lost and brought to a veterinarian or shelter, they can use a device to screen for a microchip. If found and if you keep your contact information up to date with the microchip company, you would be contacted and reunited with your pet. Cost includes lifetime registration.

- YES
- NO

Unfortunately even though you, the doctor and the staff take every precaution to keep your pet safe while under anesthesia, there is always the risk of anesthetic death. If your pet was to suffer cardiac or respiratory arrest, **would you like us to perform CPR?**

- YES
- NO

DENTAL CLEANINGS ONLY: Do we have permission to extract teeth?

- YES
- NO

GROWTH REMOVALS ONLY: Do you want a biopsy (histopathology) performed on the mass to determine what it is, was it completely removed and will it come back?

- YES
- NO

PLEASE CALL US AROUND 11:00AM-1:00PM FOR AN UPDATE WITH HOW THE PROCEDURE WENT AND TO DETERMINE A PICK UP TIME.

EMERGENCY CONTACT:

WHO CAN WE CALL IF WE HAVE ANY QUESTIONS OR CONCERNS TODAY. THEY WILL NEED TO MAKE MEDICAL AND FINANCIAL DECISIONS. THEY ALSO NEED TO BE ABLE TO ANSWER WHEN CALLED.

NAME: _____ **PHONE(s):** _____

OWNER OR AGENT APPROVING THE ABOVE OPTIONS AND PROCEDURE: I, the undersigned owner or agent of the owner of the pet identified above and authorize the veterinarians at this veterinary practice 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.

PRINT NAME _____

SIGNATURE _____

DATE _____

