

STONYRIDGE VETERINARY SERVICE, INC.
Eric Eisenberg, DVM
Kelley Young, DVM
Karen Sitch, DVM

ANESTHESIA AND SURGICAL CONSENT

Date _____ Your Pet's Name _____

Procedure to be performed _____

(If your pet is scheduled for a spay or neuter, the charges will be higher if the pet is in estrus, pregnant, infected, or cryptorchid.)

Your Name _____

Address _____ City _____ State _____ Zip _____

Home Phone # _____ Work Phone # _____ Cell # _____

Where can you be reached today? _____

PLEASE READ ALL THE FOLLOWING IMPORTANT INFORMATION CAREFULLY BEFORE SIGNING THIS CONSENT. WE MUST HAVE YOUR ANSWERS TO THE FOLLOWING QUESTIONS BEFORE WE CAN PERFORM SERVICES.

We recommend your pet be current on routine vaccinations before surgery. Please provide us with the date of last vaccinations _____.

If not current, – would you like us to provide vaccinations? **Yes** _____ **No** _____.

Our greatest concern is the well being of your pet. Before putting your pet under anesthesia, we will perform a physical examination. However, many conditions, including but not limited to disorders of the liver, heart, kidneys, or blood may not be detected unless blood/laboratory testing is performed. The blood chemistry tests usually give us an “inside” look at the status of your pet’s vital organs and usually let us know if they are functioning normally. An EKG or ECG is an important tool for risk assessment of the heart. Such tests are especially important before any kind of surgery or procedure. For these reasons we highly recommend blood screening and an EKG before these procedures. **The cost for the pre-anesthesia blood screening test is \$52.00. The cost of an EKG is 44.00.** Our laboratory is fully equipped and staffed –the lab and EKG results will be immediately available to examine before anesthesia and/or surgery. Please indicate your choice below:

_____ **Yes, I want pre-anesthesia blood screening.** _____ **No, I decline blood screening.**

_____ **Yes, I want an EKG performed.** _____ **No, I decline an EKG.**

(After the procedure you may notice that the hair on your pet’s neck, or legs has been clipped or shaved. This is done to facilitate blood collection and testing.)

We are proud to be able to offer many options for the comfort and safety of your pet before and after procedures. **Our clinic now offers a state of the art surgical laser.** Many surgeries can be done now using the laser technology. Advantages of laser surgery include reduced swelling, pain, and risk of infection in addition to faster rates of healing. Our staff can answer any questions regarding this new option, so please inquire. Costs for laser technology vary according to procedure. Laser surgery costs for spays and neuters are an additional \$47.00. Declaw laser costs are an additional \$71.00 for front declaws and \$105.00 for all 4 feet. If you would like us to use laser technology with your pet’s procedure, please indicate below.

_____ **YES, I want laser surgery for my pet.** _____ **No, I decline laser surgery.**

We also offer enhanced options for procedures that include intravenous fluids, and enhanced pain control. **Costs vary according to procedures, supplies and medications utilized.** For more information regarding these procedures, please ask the staff. If you want enhanced options please indicate below.

____ **YES, I want the IV fluid option.** ____ **NO, I decline the IV fluid option.**

____ **YES, I want the enhanced pain control.** ____ **NO, I decline the enhanced pain control.**

In some cases, the doctor may decide that one or more of the options listed above are essential for your pet. We will make every effort to contact you in that event.

Does your pet need any additional care while here? Example: Additional lab work (fecal analysis, urinalysis, heartworm testing, feline leukemia and feline immunodeficiency testing, etc.), nail trim, anal glands expressed, ear care, microchip, refills on medications, etc.? **Please indicate any concerns below.**

I grant permission to the agents of Stonyridge Veterinary Services, Inc. to perform medical and/or surgical procedures, and anesthesia on my pet. I understand there is inherent risk involved to all anesthetic, surgical and medical procedures.

SIGNATURE: _____ **DATE:** _____