



Surgical/Dental Authorization Form

This form is needed prior to the day of the scheduled procedure. Please fill it out and send it back to us 3 days before your pet's procedure date.

Section A (Please Initial the blank lines to confirm your consent.)

Do you have our March App? Yes No . If yes, do you agree to be contacted with Push Messages? Yes No

Date: _____
Pet's Name: _____ Species: Canine / Feline

Your First Name _____ Last Name _____

Phone number(s) where I can be reached: _____

Vaccinations current **Vaccinations needed**

Procedure(s) to be done today: _____ Surgical Procedure (please skip section B and go to section C) _____ Dental Cleaning

Known Allergies: _____

Current list of
medications/ when
last given: _____

When did Patient
last urinate and/or
defecate: _____

When did Patient
last eat: _____

I am the owner or authorized agent for the above named animal.

Personal Wishes

I authorize the veterinarians of March Animal Hospital to perform the following procedure(s) which requires anesthesia. **I am aware that there are risks involved, and in rare cases, complications may arise which will be treated in a prompt and aggressive manner, for which I will be financially responsible.** I hereby release March Animal Hospital from any legal or financial responsibilities from anesthetic complications.

Pre-operative blood work is required for all patients. Anesthetic agents are processed through the body by liver and kidneys. Any disorder regarding these organs can increase your pet's anesthetic risk. Doing a full blood profile will allow us to get a better picture of possible underlying concerns. Based upon the results of these tests, your veterinarian may adjust the dose or type of anesthetic used or delay surgery.

It's very important for our staff to know how to immediately respond to an unexpected and potentially life-threatening situation. In order to follow your wishes and provide the best possible care while your pet is hospitalized, we ask that you choose a resuscitation code:

In the event of cardiac or respiratory failure:

_____ I do NOT wish for resuscitation efforts to be performed on my pet.

_____ I wish to have any/all efforts at resuscitation performed. Techniques may include (but are not limited to) basic CPR, IV medications, ventilations, and/or surgical techniques. I realize that additional costs may be incurred and I agree to pay these costs in full during time of treatment.

I understand that while the anesthetic complication rate in this hospital is exceedingly low, no anesthesia is without medical risks. No guarantee can be made legally or ethically to me on the outcome of any procedure performed. I understand an estimate of charges can be created upon my request.

* Dr Geraldine Cretacci * Dr Silvana Beloiu * Dr Natalie Singleton *

IV catheter with Fluid Therapy

This provides quick access to administer medications during the procedure, should complications arise. Intravenous fluids will be administered during the procedure to maintain blood pressure and assure proper hydration.

Pain Management

Managing pain in pets shortens the recovery time as well as promotes healing. We will give necessary pain medications to ensure that your pet is not in pain before and after surgery. We will also send home medication to continue a pain free recovery.

Anti- Nausea - Cerenia Injection

Anesthesia may cause nausea with patients. Managing nausea after surgery can improve recovery time by allowing your pet to eat sooner after surgery. This can make the post operative period at home more comfortable for you and your pet.

Home Again Microchip (optional) \$75.00

- Yes, I want my pet to have a Home Again Microchip placed.
 No, I do not want my pet to have a Home Again Microchip placed.

Section B (Please Initial where a blank line is to confirm your consent.)

Dental Cleaning

The nature and purpose of the procedure(s) has been explained to me. Yes No .

What we will do today:

- Pre-anesthetic examination
- Pre-anesthetic blood work (if not done prior to today)
- Pre-operative sedation medications will be given
- Pain control medications will be given
- Anti-nausea medications will be given
- Intravenous catheter and fluid therapy
- General anesthesia
- Dental Cleaning
- Radiographs and/or teeth extractions as deemed necessary by the veterinarian
- Polish teeth
- Dispense antibiotics, Oravet Chews, and pain medications if needed

Full Dental Radiographs

- Dental radiograph is the only sure way that the veterinarian can verify if a tooth needs to be extracted. Radiographs are taken after a dental tooth extraction to verify that the entire tooth is taken.
- Our nurses can send you before dental cleaning and after dental cleaning pictures. Please indicate below how or if you would like to be contacted with those:

Contact me by Email email address:

Contact me via Vet2Pet Contact me via text: phone number to text:

Home Oral Care:

It is imperative to keep up with dental care at home to help slow down the progression of dental disease. You may brush their teeth, which if done at least 3 times a week, can help fight plaque and tartar. Everyday brushing is the most effective.

Sometimes, this is not realistic to do, and there are other options to help.

Oravet comes as a dental chew which is clinically proven to fight build up of plaque and tartar

Send home Canine Oravet Chews (if you purchase these please wait 14 days before giving to your pet)

[Check out VOHC.org for helpful products that fight plaque and tartar with dogs and cats!](http://VOHC.org)

Section C (Please Initial where a blank line is to confirm your consent.)

Surgical Procedure

Surgical Procedure to do performed today:

The nature and purpose of the procedure(s) has been explained to me. Yes No .

What we will do today:

- Pre-anesthetic examination
- Pre-anesthetic blood work (if not done prior to today)
- Intravenous catheter and fluid therapy
- General anesthesia

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- Surgical Procedure
- Dispense antibiotics and/or pain medications if needed
- Fit and send home an Elizabethan Collar (a.k.a. E-collar, the lampshade, the cone) as dependant on the procedure

Section D (Please Initial where a blank line is to confirm your consent.)

_____ Due to the number of surgical patients and the unpredictability of anesthetic procedures; we CANNOT guarantee a pre-specified surgical time frame for procedures or pickups. Our doctors determine the order of our surgical procedures on a case by case basis. We will contact our clients once their pet is in recovery and discuss pick up times at that point.

I have read and understand this consent form by typing my name I accept this an an electronic signature:

Owner/Authorized Agent

Date

Phone number(s) where I can be reached today:

* Dr Geraldine Cretacci * Dr Silvana Beloiu * Dr Natalie Singleton *