

**VALENCIA ANIMAL CLINIC
1533 E. River Road
Belen, NM, 87002
(505) 864-4075**

Anesthesia/Surgery Authorization (**Please read carefully**)

Date: _____

Client ID: _____	Patient ID: _____
Client Name: _____	Name: _____
Address: _____	Species: _____
Telephone: _____	Breed: _____
	Sex: _____
Rabies _____	Color: _____
Microchip ID: _____	
Procedure _____	Birth Date: _____

It has been explained to me that conditions may arise during this procedure whereby a different procedure or an additional procedure may need to be performed, and I authorize my veterinarian to do what she feels is needed and necessary. I have been advised as to the nature of the procedure and the risks involved. I understand that complications including, but not limited to, infection, cardiac arrest, and death could result. I acknowledge that no guarantee has been made as to the result or a cure. I assume full financial responsibility for all charges and it is understood that all fees must be paid before the pet is released.

PRE-ANESTHETIC BLOOD TESTING:

Like you, our greatest concern is the well-being of your pet. Before placing your pet under anesthesia, a veterinarian will perform a complete physical exam to identify any existing medical conditions that could complicate the procedure and compromise the health of your pet. However, many conditions, including disorders of the liver, kidneys and blood, can routinely be detected when blood testing is performed. These tests are similar to those your own physician would run if you were to undergo anesthesia. These tests will check blood glucose, kidney and liver enzymes. It is important to understand that a pre-anesthetic profile does not guarantee the absence of anesthetic complications, but it may greatly reduce the risk of complications as well as provide a baseline of normal values.

I understand the bloodwork charge is **\$189 for dogs and cats** unless preformed within the last 30 days.

Initial

Pre-anesthetic blood testing was previously performed on: _____

ELECTROCARDIOGRAM:

We also offer a pre-anesthetic EKG prior to their procedure. An EKG will be performed in office to further analyze your pet's heart function. EKG cost **\$65.45**.

_____ I (Do) (Do Not) wish to have a pre-surgical EKG performed today.

Initial Circle

IV CATHETER AND FLUIDS:

We put in an intravenous catheter, administer fluids during surgery. The placement of an IV catheter allows access to a patient's vein at all times. In the event of an emergency during surgery medication can be given intravenously immediately. It has been our experience that patients who have received IV fluids during a procedure wake up much more comfortably.

Due to the age of the animal and/or the extent of the procedure, pre-anesthetic blood testing will be done, an intravenous catheter will be placed, and fluids will be administered during the surgery. This has all been included in the estimate for the surgery.

ANY MEDICATIONS GIVEN TO PATIENT IN PAST 24 HOURS? YES NO

Please list any medications given in past 24 hours.

CARDIOPULMONARY RESUSCITATION (CPR):

Should my pet require CPR, including cardiac compression, defibrillation, positive pressure respiration, emergency drugs, or other heroic interventions, I request that the doctor(s) at this hospital pursue such medical care as indicated below:

I **request CPR** be performed on my pet if needed, based on the medical judgement of the attending veterinarian. I understand that despite the best efforts of the veterinarians and staff, CPR may not save my pet's life.

DO NOT resuscitate my pet. I request that no CPR or other heroic procedures be performed on my pet.

I also understand that if my pet is presented to Valencia Animal Clinic infested with fleas or ticks, my pet will be treated at an additional cost to me in the amount of **\$19-25.**

Contact number(s) to be reached when patient awakes from anesthesia:

I **PREFER** a phone call: _____

I **PREFER** a *text message: _____

*The number we use to text is for updates on surgical and hospitalized patients **ONLY**. This number is not meant for emergency contact with VAC staff. If you have an emergency please call (505)864-4075.

Signature _____ Date _____
Valencia Animal Clinic

After Care Instructions

- Do not allow any licking, chewing, or scratching at the incision line
- Watch for redness, swelling, or drainage at the incision site
- Watch for vomiting, diarrhea, lethargy, and refusal to eat or drink

If there are any questions or concerns, please give us a call. (505) 864-4075.

By signing below, you are acknowledging that Valencia Animal Clinic has gone over with you, and you understand post-operative instructions. A written copy is yours to keep.

X _____