

VALENCIA ANIMAL CLINIC

1533 E. River Road

Belen, NM, 87002

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

Date: _____

Client ID: _____

Client Name: _____

Address: _____

Telephone: _____

Rabies _____

Procedure _____

Patient ID: _____

Name: _____

Species: _____

Breed: _____

Sex: _____

Color: _____

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 cure. I assume full financial responsibility for all charges and it is understood that all fees must be paid before the pet is released.

IV CATHETER AND FLUIDS:

We put in an intravenous catheter, and 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.

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, may not be detected unless 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. The additional cost for the pre-anesthetic blood testing is **\$99.85.**

_____ I (Do) (Do Not) wish to have the pre-surgical blood work run today.

Initial *Circle*

My pet has already had recent bloodwork done on _____.

ELECTROCARDIOGRAM:

We also offer a pre-anesthetic EKG prior to their procedure. An EKG performed in office with the above blood tests offers the additional analysis of heart function. EKG cost **\$65.45.**

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

Initial *Circle*

MICROCHIP:

If your pet is ever lost, a microchip can help your pet return to you. A shelter, or clinic can use a microchip scanner to pull up the unique ID number associated with the chip, and the clinic or shelter can contact the microchip company who will then contact you. With microchips pets can be found and returned, even if they lose their collar. Pets with microchips have been returned across state lines, and found even years later. The cost for microchipping is **\$50.00.** (This includes registration.) My pet has a microchip already

_____ I (Do) (Do Not) wish to have a microchip implanted in my animal today.

Initial *Circle*

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 _____