

All Health Pet Care, P.C.

Anesthesia/Surgical Admission Form

Pet Name: _____

Last Name: _____

Pre-Anesthetic Testing: Your pet is with us for a medical procedure which will require anesthesia. We will perform a physical examination on your pet before administering the anesthesia. We require pre-anesthetic blood testing to check your pet's organ function. These tests will help us assess your pet's liver and kidney function by ruling out pre-existing internal problems that may not be evident upon physical examination, but could possibly lead to complications. **WE WILL PROCEED WITH THESE TESTS UNLESS YOU REQUEST US NOT TO TEST YOUR PET.** The cost will be \$40 if the pet is under seven years old, or \$68 if the pet is over seven years old.

Intravenous Fluids and Catheter Placement: In order to minimize complications/risks while under anesthesia, your pet will have an IV Catheter placed so that your pet can receive IV fluids. Fluids help the liver and kidneys to flush out any remaining anesthesia that is in the blood, maintain blood pressure at a safe level, and gives Dr. Wise IV access to administer emergency drugs or blood if needed. **WE WILL PLACE AN IV CATHETER AND ADMINISTER FLUIDS UNLESS YOU REQUEST US NOT TO DO SO.** The cost will be \$40.

Post-Operative Pain Management: Our pets have a higher tolerance for pain than we do, and they tend to be more stoic, but studies have shown that they do experience pain. Medication will be given and dispensed to reduce pain and discomfort as well as inflammation after a surgery is performed. The cost will vary with the body weight of your pet.

Microchip: We offer Microchips for \$50. This includes your pet's enrollment in the Microchip Program. Microchips will help you find your pet if lost.

Dental Extractions: A thorough dental exam can only be performed under anesthesia. Often we discover problem areas like loose teeth, tartar, and gingivitis under anesthesia. It is best to address these during the current procedure. The cost of these procedures cannot be appropriately estimated until identified so an additional cost will be incurred when they are performed.

Please choose ONE of the following:

- Perform the necessary dental procedures deemed best for my pet.
- Call with an updated estimated prior to performing any additional procedures.
- Do not perform any additional procedures today.

*****PLEASE MARK THE APPROPRIATE BOXES*****

- Do Do not Perform pre-anesthetic blood work on my pet.
- Do Do not Perform IV fluid replacement therapy on my pet.
- Do Do not Dispense post-op pain medication for my pet.
- Do Do not Microchip my pet.

*****AN ESTIMATE OF ANTICIPATED FEES CAN BE PROVIDED TO YOU UPON REQUEST.*****

I authorize Dr. Wise to perform anesthesia and the procedures/surgeries listed above on my pet. I understand that all due caution will be taken, but there is always a risk that an adverse reaction or problem may occur by placing my pet under anesthesia.

Signature _____

Date: _____

Phone number where you can be reached: _____