

Echo Ridge Veterinary Hospital

Anesthesia and Dental Consent

Date _____ Procedure _____

Owner's Name _____ Pet's Name _____

At Echo Ridge Veterinary Hospital (ERVH), your pet's health, safety and comfort are our primary goals. ERVH provides the highest quality of anesthetic monitoring and surgical services, and will do everything possible to reduce risks. I understand the risks and will not hold any veterinarian, team member or ERVH liable for any complications that may arise.

I, the undersigned owner, or owner's agent of the pet(s) identified above, certify that I am over 18 years of age. I, thereby consent to the examination, treatment, anesthesia, and/or surgery of my pet by staff veterinarians at ERVH. I understand the nature and purpose of the procedure(s), risks involved and possible complications that could arise. I understand that there are no assurances of the outcome of said procedure(s). I understand NO anesthesia is without medical risk.

ALL animals that are spayed and neutered will be given a tattoo to indicate that they have been fixed.

Laboratory Tests

_____ YES _____ NO **Pre-Anesthetic Blood Work (\$90).** This bloodwork checks for any underlying problems that could potentially negatively affect the animal while under anesthesia. Since the liver and the kidneys process anesthetic drugs, if they are not working correctly, there can be anesthetic complications. This is MANDATORY for patients over 7 years and is RECOMMENDED for under 7 years old.

_____ YES _____ NO **Heartworm and Tick Borne Diseases Test (\$60).** Heartworms are transmitted by mosquitos. Due to our change in climate, heartworms are becoming more of a concern in our area. We recommend heartworm testing and prevention year around. This test also tests for tick borne diseases such as Lyme, Ehrlichia and Anaplasmosis which can cause abnormal bleeding.

If having a heartworm test, do you want prevention? YES/NO

We have monthly chews **6 month supply ~\$53, 12 month supply ~\$110**, also we offer an **injection that lasts for 1 year (p has to at least be 1 year old) cost up to \$165.** (very convenient!)

_____ YES _____ NO **Feline Leukemia Virus/AIDS Combination Test (\$60).** Cats with an unknown history or living outdoors are at the highest risk of contracting these diseases. These diseases spread between cats via saliva and cause suppression of the immune system and

in some cases may be fatal. A cat with feline leukemia or feline AIDS would need additional precautions to be taken prior to routine anesthesia and surgical procedures.

If your pet is having a dental, once your pet is anesthetized, your doctor will perform a complete oral exam and carefully check teeth and gums. During this comprehensive oral examination, your doctor may find one or more teeth that need to be extracted for health reasons. Based on the doctor's recommendations, additional services may be added to your invoice. An extraction can cost between \$25 and \$86 depending on the condition and type of tooth.

_____ I prefer that you **proceed with all** necessary dental procedures.

_____ I prefer to be **called before any** additional dental procedures. (If you cannot be reached, we will finish the dental and not proceed with any necessary extractions).

_____ I **do not authorize** any unforeseen dental procedures.

VACCINES

Would you like vaccines updated today? (If yes, they are \$35 EACH) _____ YES _____ NO

DOG: DA2PP _____ BORDETELLA _____ RABIES _____ LEPTO _____

CAT: FVRCP (feline distemper) _____ Rabies _____ Leukemia _____

MICROCHIP (\$60):

_____ **YES**, I would like my pet microchipped. **Email:** _____

_____ **NO**, I am not interested in microchipping.

ADDITIONAL PAIN MANAGEMENT:

All of our surgical procedures receive pain medication before surgery and medication to go home. This is not an option for us. We do have other options for more painful/extensive surgeries.

_____ **YES** _____ **NO Nocita – DOGS** (excludes dentals) This is a local block that lasts 72 hours. This is a nice addition to the other pain medication we use. Depending on how much (dose) your animal may need, it **may cost up to \$150**. Just remember this gives them pain relief for 3 days.

_____ **YES** _____ **NO Zorbium -- CATS** (includes dentals) This is a transdermal pain medication that will last for 96 hours. This will provide additional pain control alongside what we already give routinely. Possible side effect could be hyperexcitability but is rarely seen. This can cost between \$40-\$50, but will give relief for 4 days.

YES/NO Would you like sedation for your dog for the recovery period after procedure? (\$30-55)

Medical History

YES / NO Did your pet eat this morning?

- YES / NO** Has your pet ever had any seizures?
- YES / NO** Has your pet had any reactions to medications? If so what?
- YES / NO** Has your pet ever had any reaction to vaccines? If so which one(s)?
- YES / NO** Has your pet had any reaction to anesthetics?
- YES / NO** Is your pet on any medications?

Name _____ Dosage _____

- Any animal found to have fleas or ticks **WILL** be treated in the office to prevent transmission to other animals at **YOUR** expense.
- **An intravenous (IV) catheter is placed and fluids are given during every surgical procedure, we elect to do both at no extra charge to you. Having an IV catheter in place will allow the doctor to quickly administer lifesaving drugs and IV fluids in the event that your pet has complications with anesthesia.**

CPR STATUS

SHOULD FOR ANY REASON MY PET NEED CPR:

_____ **YES PERFORM CPR** –(\$250/15 minutes) I agree to pay in full for all services rendered including those deemed necessary for medical and surgical complications or other unforeseen circumstances.

_____ **DO NOT RESUSCITATE (DNR)** ONLY MAKE MY PET COMFORTABLE UNTIL SPEAKING WITH ME OR MY EMERGENCY CONTACT.

I authorize anesthesia or sedation and/or surgery for my pet. The nature and the risks of this procedure have been explained to me. I understand that there are always some risks with anesthesia and I am encouraged to discuss any concerns that I have prior to the procedure or anesthetic. My signature on this consent form indicates that any and all of my questions have been answered to my satisfaction and you have my informed consent.

Signature: _____ Print Name: _____

IT IS VERY IMPORTANT THAT WE CAN REACH YOU AT ANY TIME TODAY

Phone: _____ Alternate Phone: _____

Pick up is no later than 4:30p, if not picked up before close boarding fees will incur.