**ANESTHETIC RELEASE/SURGERY AUTHORIZATION FOR SPAYS/CASTRATES (FOA)**

**THIS FORM MUST BE FILLED OUT AND BROUGHT TO YOUR APPOINTMENT, OR WE MAY NOT BE ABLE TO ADMIT YOUR PET FOR SURGERY.**

**Pet:**  **Owned By:**  **Client ID:** **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am the owner of the animal named above and I have authority to execute this consent. I hereby consent and authorize Dr. Robert Wilcox and his staff at Dewitt Animal Hospital, PC to perform the following procedure(s) or operation (Please circle one): Spay Neuter

**The nature(s) of the procedure(s) have been explained to me and I understand what will be done. *INITIALS\_\_\_\_\_\_\_\_\_\_\_\_\_***

I have also been informed that there are certain risks and complications associated with any procedure of this type which have been explained to me as well. I further understand that during the course of the procedure, unforeseen conditions may arise that may necessitate the performance of additional procedures and will not relieve me from any obligation to all reasonable costs incurred. ***INITIALS\_\_\_\_\_\_\_\_\_\_\_\_\_***

I am using a Friends of Animals Certificate and am aware that there will be additional charges for any cat or dog over 6 months of age, over 50 pounds, having retained testicles (Cryptorchid), or if my female cat is in heat, near heat or pregnant at the time of the surgery. I understand that there will be an additional fee if necessary, for my pet to have an E-Collar (cone). ***INITIALS\_\_\_\_\_\_\_\_\_\_\_***

All animals admitted must be free of external parasites. Any animals found to have fleas or ticks will be treated at the owner's expense. ***INITIALS\_\_\_\_\_\_\_\_\_\_\_***

**REQUIRED FOR SURGERY**

**Intraoperative IV Fluids**

IV Fluids require placing an intravenous catheter and the administration of IV Fluids to maintain blood pressure and facilitate lifesaving medications should your pet have an adverse reaction while under anesthesia. These IV Fluids provide an extra margin safety while your pet is under anesthesia.

The fee for these fluids is based on the pet's weight, and range in price from $80.00-120.00.

**I understand that this service is NOT OPTIONAL and will be charged accordingly, for the health of my pet. *INITIALS\_\_\_\_\_\_\_\_\_\_\_\_\_***

**Post-Operative Pain Medication**

Your pet will receive medications today that will relieve pain for approximately 24 hours. Additional pain medication is sent home at an additional cost.

**I understand that this medication is REQUIRED and will be charged based on the weight of my pet. *INITIALS\_\_\_\_\_\_\_\_\_\_\_\_\_***

**ELECTIVE OPTIONS FOR SURGERY**

**Our greatest concern is the wellbeing of your pet. There are optional items that we offer to help make the surgery safer for your animal. While these options are not required, they are recommended by the Doctor.**

Please read and check yes or no to the options listed below.

**\*Pre-Anesthetic Bloodwork - PLEASE SEE AND FILL OUT REVERSE SIDE FOR BLOOD WORK OPTIONS\***

**Microchip**

A Microchip is the only permanent form of identification for your pet. The cost includes the implantation, activation and registration of the chip through Home Again. **The cost is $55.00. [ ]  Yes [ ]  No**

**Umbilical Hernia Repair** Some pets are born with a hernia that should be repaired while they are being spayed/neutered. **If the Doctor discussed this with you at your pre-surgical exam**, the cost for this is $\_\_\_\_\_\_\_\_ [ ]  **Yes** [ ]  **No**

**Extra Claws/Dewclaws** Some pets are born with extra claws that become ingrown or can cause injury. It is recommended to have these removed. **If the Doctor discussed this with you at your presurgical exam**, the cost for this is $\_\_\_\_\_\_\_\_\_\_[ ]  **Yes** [ ]  **No**

**Retained Deciduous Teeth** All pets have "baby" teeth that usually fall out by the time they are to be spayed/neutered. If your pet has these, it is recommended to have them removed. **If the Doctor discussed this with you at your presurgical exam**, the cost is $\_\_\_\_\_\_\_\_[ ]  **Yes** [ ]  **No**

**Please answer the following questions to the best of your ability:**

Has your pet been eating and drinking normal lately? [ ]  **Yes** [ ]  **No**

Have there been any behavior changes? **[ ]  Yes [ ]  No**

Have there been any abnormal weight changes? [ ]  **Yes [ ]  No**

When was the last Flea Preventative Applied? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What product? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your pet on any medications? [ ]  **Yes** [ ]  **No** If so, was it given today? [ ]  **Yes** [ ]  **No**

Has your pet had previous anesthesia, other than here? [ ]  **Yes** [ ]  **No** If so, where there any problems? **[ ]  Yes [ ]  No**

Was food withheld this morning? [ ]  **Yes** [ ]  **No**

Are there any problems that you are aware of? [ ]  **Yes** [ ]  **No**  If yes, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For female dogs, when did her last heat begin? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Owner/Agent: Phone Number:**

***DeWitt Animal Hospital, P.C.***

***5620 Thompson Road***

***DeWitt, NY 13214***

**Pre-anesthetic Bloodwork Consent**

I acknowledge that my pet is scheduled for an anesthetic procedure. I have been informed that advances in anesthesia and anesthetic monitoring techniques have made routine procedures relatively safe, with low rates of complications. However, I understand that occasional problems can occur due to pre-existing conditions that are not evident during routine histories and physical examinations. To minimize problems, Dewitt Animal Hospital, P.C. recommends that my pet be screened prior to anesthesia. Our laboratory is fully equipped so the results can be available prior to your pet being placed under anesthesia.

\_\_\_\_\_The best option for this blood work is the full **Pre-Anesthesia Profile ($245.52)**. This option includes the CBC, Chemistry Panel, T4, and PT & aPTT (see below for descriptions). *If you would not like to do the full panel at this time, you may also choose from the individual options below.*

**\_\_\_\_ CBC** test provides us with important information regarding your pet's blood cells, mainly Red Blood Cells, White Blood Cells and Platelets. Red blood cells provide information regarding your pet's oxygen-carrying ability. White blood cells show us information about your pet's immune system and overall health. Platelets are important to evaluate the ability of blood to clot properly. All of these values can be affected by certain diseases and infections. ($38.00)

\_\_\_\_ **Comprehensive Diagnostic Panel** provides useful indicators regarding your pet's overall organ health. The Chemistry panel evaluates your pet's liver, kidneys, and intestines. ($76.76)

**\_\_\_\_ Prep Profile** also provides useful indicators regarding your pet's overall organ health; however, this profile is less extensive than the Chemistry Panel (above). ($59.55)

\_\_\_\_ **T4** test provides us with information regarding your pet's thyroid function. ($63.60)

\_\_\_\_\_ **Clotting Test** (PT & aPTT) Only. This bloodwork helps us to determine your pet's ability to clot during and after its surgery. ($67.16)

*If you are declining all preanesthetic diagnostic tests today, please initial below.*

\_\_\_\_\_\_ I hereby decline all the above recommended preanesthetic diagnostic tests and, in the absence of

(initials) negligence, agree to hold the Doctor and staff at Dewitt Animal Hospital, P.C. harmless for any untoward anesthetic, surgical, or medical complications that might have been detected and avoided had these tests been performed.

In addition, while my pet is here today, I would like the following services performed:

[ ]  Teeth Cleaning ($248.75) SANOS Dental Sealant $**82.68-$105** [ ]  **Yes** [ ]  **No**

[ ]  Ear Cleaning ($9.38) [ ]  Heartworm Test ($45.00) [ ] Vaccinations (prices vary)

[ ]  Nail Trim ($16.50 + Tax) [ ]  Anal Sac Expression ($38.00) [ ]  Heartworm/Lyme Test ($65.00) [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
|  |  |   |
| Signature of Owner or Authorized Agent |  | Date |