CITRUS PARK ANIMAL, BIRD & EXOTICS HOSP. 7607 EHRLICH ROAD TAMPA, FL 33625-3136 813-920-6656

Anesthesia & Surgery Consent Form

Client ID:	_				
Client Name:					
Patient Name:		Age:	Sex:	Weight:	
Surgical procedu	ıre to be	performed?			
My pet's veterinary su	rgeon will b	pe			
Telephone number(s) w	here we car	n reach you on day of p	procedure:		
		PLEASE READ	CAREFULLY A	ND SIGN	
ensure that your pet is hot be detected unless lebloodwork before such technology, using IDEX minutes before the start	or anesthesic lealthy enou blood testing brocedures. X Lasercyte of anesthes	igh for anesthesia. Mag is performed. For the In addition, it also help and Catalyst diagnost sia. These tests are sir	any conditions incluese reasons, we strops us determine the cics has enabled us milar to those your conditions.	nesthesia, we recommend a beding disorders of the liver, kidrangly recommend that all paties safest anesthetics for your peto run rapid and accurate bloown physician would run were set for future use should your peters.	neys and blood may ents receive et. The latest od chemistries you to undergo
Profile #1 is the most co	mprehensiv	e of the blood profiles.	. We highly recomm	end it for all pets.	
				Profile #1, it provides us a mirnals or pets over the age of 7 y	
Yes, I want pre-a	nesthetic bl	oodwork No, I	decline bloodwork a	and have been informed of the	he risks.
				's SURGICAL anesthetic safe PROCEDURE REQUIRING	
lf you would like us to	perform th	ese vital tests prior t	o your pet's proce	dure please check one choi	ce below:
PROFILE #1(\$127.20)	PROFILE #2	(\$86.00)		
the blood's ability to clot	urgical proce . Excessive ur pet. Bec	edure in which bleeding bleeding can cause nause of severe consec	najor complications quences of excessive	be evaluated pre-operatively There are many disease stare bleeding during surgery, we	tes that can cause
I accept this test (initia	ıls)	. I decline this test ((initials)		
	electrical co blems. We	nduction activity of you strongly suggest this b		n often pick up unseen, poten b better evaluate the safety of	
Yes, please do a	n EKG on r	ny pet. No, I decline a	an EKG for my pet.		

3. Pain Managment

Appropriate pain medications will be provided to your pet based on the procedure performed. Selection of the medication will be determined by the veterinarian on a case-by-case basis. Costs of these pain medications will vary. In most cases the injection used around the time of surgery will not have long lasting effects. Additional pain medication can effectively control your pet's discomfort during the recovery at home and aid in your pet's recovery. Specific procedures such as orthopedic, abdominal surgeries, declaws and some dental surgeries can be very painful. Therefore, pre and post-op as well as take home pain medications may be automatically administered and/or prescribed by the doctor for an additional fee.

4. Intravenous Catheters and IV Fluid Therapy

Our greatest concern is the well being of your pet. We will perform a physical examination before administering anesthetic agents. Intravenous fluids given during anesthesia and/or surgery help to maintain blood pressure and allow rapid administration of drugs should an emergency situation develop. If your pet's blood pressure drops while under anesthesia, it is more difficult to then place an IV catheter and could result in the loss of valuable time. For this reason, we will place an IV catheter before surgery begins so that IV fluids can be administered during anesthesia. A nominal fee will be charged for these services.

5. Dentistry

If your pet is having dental cleaning today, saving healthy teeth and maintaining oral hygiene is a priority. Diseased teeth may be encountered during the routine cleaning. Extractions of these diseased teeth may be necessary to maintain the health of your pet, and at your veterinarian's discretion, unhealthy teeth will be extracted.

In extreme cases of dental disease, the number of extractions could be excessive. Additional fees will apply for any extractions performed.

Dental x-rays are a necessary part of a complete oral exam for staging of dental disease prior to any dental surgery. Unfortunately, our patients will not allow proper x-rays without sedation. Therefore, dental x-rays should be taken while your pet is already sedated for the dental surgery. Further, severe dental disease will cause weakening of the maxillary and mandibular bones. Therefore there may be an inherent risk of bone fractures during tooth extractions. Also, broken tooth roots may be retained below the gum line and these are not readily visible without x-rays. Citrus Park Animal, Bird & Exotics Hospital (CPABEH) recommends dental x-rays for all dental procedures. The fees for x-rays may vary based on the severity of the oral disease and the number of x-rays needed. The cost estimate is from \$50 - \$150.

I have read and agree to the terms in this paragraph (initials)
I approve x-rays (initials) I decline x-rays (initials)
6. Microchipping Microchipping is a very simple and safe way to permanently identify your pet. CPABEH feel this is so important for your peace of mind & your pet's safety. Therefore, we offer this service to you at the reduced rate of \$35.00 if done during a surgical procedure.
Yes, I want to microchip my pet No, I decline to microchip my pet.
7. Miscellaneous Services While your pet is under anesthesia, we are able to perform many convenient procedures such as nail trims, anal gland expression, etc.
Yes, I want my pet's nails trimmed (\$5) Yes, Express anal glands (\$20).
8. <u>Elizabethan Collar</u> To ensure that your pet will not chew or lick open a new surgical site, an Elizabethan collar is available. This small investment could save you the added cost of having the site repaired. Average cost is \$15-\$18.
Yes, please send home a collar No, I decline a collar and am aware of the risk.
9. In Case of Emergency I authorize Citrus Park Animal, Bird & Exotics Hospital in an emergency situation to follow through with such procedures as are necessary for the well being of my pet on a continuing basis regardless of the additional cost which I understand cannot be estimated or calculated at this time. I understand that I assume all financial responsibility for all services rendered and for the cost of any inventory utilized during this emergency procedure. PLEASE INITIAL:
I DECLINE any emergency treatment if complications develop during the above procedure. PLEASE INITIAL:

PLEASE READ CAREFULLY AND SIGN

I CERTIFY THAT I OWN 0R HAVE ASSUMED FINANCIAL RESPONSIBILITY for the above described animal and I do hereby consent and authorize CITRUS PARK ANIMAL, BIRD & EXOTICS HOPITAL and its staff to hospitalize this animal, and to administer vaccinations, medications, tests, surgical procedures, anesthetics or treatments that the DOCTORS DEEM NECESSARY for the health, safety or well being of the above animal while it is under their care and supervision.

If this animal should injure itself in an escape attempt, refuse food, soil itself, become ill or die while in the hospital, I will hold CITRUS PARK ANIMAL, BIRD & EXOTICS HOSPITAL free of any responsibility and/or liability in the absence of gross negligence.

I further realize that I am RESPONSIBLE FOR PAYMENT for the above procedures and treatments IN FULL AT THE TIME THE ANIMAL IS DISCHARGED. If I neglect to pick up the animal within ten (10) days of having received a written notice that it is ready for release, and the notice was mailed to the address on file, I authorize CITRUS PARK ANIMAL, BIRD & EXOTICS HOSPITAL to consider my pet abandoned by me. CITRUS PARK ANIMAL, BIRD & EXOTICS HOSPITAL is then authorized to dispose of my pet as it see fit. ABANDONMENT DOES NOT RELEASE ME OF MY OBLIGATON FOR THE BILL.

I further agree that in the case of non-payment, a service charge of 24% per annum and billing fee of \$15.00/month will be charged and that any collection fees or attorney fees will be paid by me. Checks that are returned by the bank go DIRECTLY TO: "Check Care Systems" for collection and ARE NOT returned to us, you must call "Check Care Systems" in reference to your check.

	Date
Signature of Owner or Authorized Agent	