

Surgical Check-In

Client Name: _____ Phone Number: _____

Pet Name: _____ Age: _____ Breed: _____

Procedure: _____

VACCINATIONS REQUIRED FOR SURGICAL PATIENT

Canine-Rabies, DHLPP, Bordetella, Heartworm Test, and a fecal

Feline- Rabies, RCP, and a fecal

Our most important priority is the health and well-being of the animals and the safety of our employees. For this reason, we reserve the right to decline surgical procedures on any animal that is not current (within the last 12 months) on vaccines. **NO EXCEPTIONS.**

PRE-SURGICAL BLOOD ANALYSIS

Routine pre-surgical analysis of blood has been a procedure in human medicine for many years. As veterinary medicine has advanced, we now have the capability to properly evaluate your pet's health. This blood analysis also can help to evaluate your pet's ability to utilize and metabolize drugs and anesthetics. The detection of underlying problems before surgery is even more important since our patients cannot always tell us how they feel.

The tests we recommend evaluate the major organ functions and other common problems at a particular stage of life. While the performance of these tests does decrease surgical anesthetic risk, they do not detect all potential problems or eliminate all surgical and anesthetic risk. They do not guarantee results or a cure.

REQUIRED TEST

We require a pre-surgical blood panel that will provide the doctor with important information as to the current health status of your pet. Our pre-surgical blood analysis will cover ALP (liver), ALT (liver), BUN (kidney), Creatinine (kidney), Glucose (diabetes), total protein, and PCV. PRE-SURGICAL BLOOD WORK IS REQUIRED FOR ALL PATIENTS. ANY EXCEPTIONS WILL BE DETERMINED BY THE DOCTOR.

I, hereby authorize Orion Animal Care Center to perform these following procedures, operations, placement of an intravenous catheter and associated anesthesia. I understand that unforeseen conditions may require an extension of a planned procedure or operation. I hereby consent and authorize the performance of such procedures or operations as are necessary and advisable in the professional judgment of the veterinarian. Dental extractions deemed necessary by the attending veterinarian may be part of dental prophylaxis. I am aware of and have been advised as to the nature of the procedures or operations and the risks involved. I realize that results cannot be guaranteed. The proposed treatments, tests and anesthesia may pose significant risks to your animal including, without limitation, pain, bruising, tissue damage, panting, trouble breathing, loss of appetite, vomiting, diarrhea, organ damage and death.

- My pet is on medication
What type? _____ Last dose given: _____
- I withheld food/water past midnight
- My pet is not showing signs of illness at home (vomiting/diarrhea, coughing/sneezing)

Surgical Check-In

- I authorize implantation of a **Microchip- \$50**
- I authorize a **nail trim** to be done under anesthesia- \$15
- I want a **histopathology(for mass removals)** done -\$120+

I have read and understand this authorization and consent form.

Owner/Agent Name: _____ Date: _____