

Surgery & Sedation Form

Date: _____ **PROCEDEDURE(S)** _____

Owner's Name: _____ **Patient Name:** _____

Breed: _____ **Sex:** _____ **Color:** _____

Our greatest concern is your pet's safety and comfort here at Petstar Animal Care. Before your pet undergoes surgery, it will be examined for any problems that could interfere with anesthesia to avoid risks such as cardiac and/or respiratory arrest. Just like humans, your pet will have a Pre-anesthetic Blood test performed prior to any surgical procedure. This test will give the Doctors at PetStar Animal Care an inside look at your pet's vital organs and let us know that everything is functioning normally before undergoing anesthesia.

General Anesthesia and sedation drugs can cause changes in blood pressure, heart rate and slow down breathing in your pet. These risks are all monitored while under anesthesia. We monitor heart rate and blood pressure, temperature and anesthetic depth during all procedures.

An IV catheter is also placed for perioperative fluid administration which supports kidney function and blood pressure. The IV placement will require us to shave a small area of fur from the leg of your pet.

Our pre-anesthetic screening consists of blood chemistries that check for disorders of the liver, kidneys, blood sugar levels, protein levels and other disease processes as well as complete blood count (CBC) which checks levels of white and red blood cells, platelets and electrolytes.

For our more mature patients (6 years of age and over) and for any pets with chronic health problems, we may recommend more extensive medical tests to evaluate the safety of anesthetics and surgery. It is well documented that animals above the age of 7 have increased risks of Kidney, Liver, Heart & Lung Disease. A Doctor or technician will be happy to discuss this with you.

Our laboratory is fully equipped and staffed to perform these important tests and results will be available immediately to review before anesthesia or surgery. Even when these tests are normal, we consider the information to be extremely valuable because they serve as baseline data for us to compare in the event that your pet becomes ill or has another procedure in the future.

An optional advanced service we offer for surgeries is laser surgery. What does laser surgery mean to my pet? The use of the CO2 laser has been proven to reduce post-operative pain and healing time for your pet. It also helps reduce the amount of blood lost during the surgical procedure as well. Not only does your pet benefit from these advantages of the laser, but procedures, such as the declawing of cats, is now much more sophisticated and humane.

Please let us know if you have any questions about your pet's pre-anesthetic testing, surgical procedure or recovery. A Report Card will be sent home with you including detailed instructions on your Pet's post surgical care.

PLEASE SEE ESTIMATE SHEET AND MARK ANY OPTIONAL TREATMENT(S) YOU WOULD LIKE DONE DURING THIS VISIT

**** If your pet is found to have fleas or other external parasites, your pet will be treated before entering surgery, at your expense. This will be done to ensure a sterile surgery environment as well as controlling fleas in hospital environment.*

I hereby certify that I have the authority to execute consent to direct Petstar Animal Care to perform the procedure(s) noted above and to administer such treatments, diagnostics, anesthetic and surgical procedures as they deem necessary for my pet. I have been advised and understand the nature of the procedures as well as the relative risks involved. I authorize Petstar Animal Care to provide any appropriate care should an unexpected complication arise. No guarantee has been given to me as to the result or cure of these procedures. I will not hold Petstar Animal Care, its veterinarians or staff members responsible for any complications that may arise. Further, I assume financial responsibility for all services rendered/charges incurred to the patient.

SIGNATURE OF OWNER/RESPONSIBLE AGENT: _____

PHONE NUMBER WHERE YOU MAY BE REACHED: _____

Admitting Employee Signature & Date: _____

