



1000 E. Central Road  
 Arlington Heights, IL. 60005  
 847-670-8470 FAX 847-670-8602

<b>Client:</b>		<b>Patient:</b>		<b>Sex:</b>	
<b>Date:</b>		<b>DOB:</b>		<b>Species:</b>	
<b>Phone:</b>		<b>Age:</b>		<b>Breed:</b>	

Procedure(s) to be done today: \_\_\_\_\_

Vaccinations current  Vaccinations needed

I am the owner or authorized agent for the above named animal.

I authorize the veterinarians of March Animal Hospital to perform the above procedure(s) which requires anesthesia. **I am aware that there are risks involved, and in rare cases, complications may arise which will be treated in a prompt and aggressive manner, for which I will be financially responsible.** I hereby release March Animal Hospital from any legal or financial responsibilities from anesthetic complications.

The nature and purpose of the procedure(s) has been explained to me.

Pre-operative bloodwork is required for all patients. Anesthetic agents are processed through the body by liver and kidneys. Any disorder regarding these organs can increase your pet's anesthetic risk. Doing a full blood profile will allow us to get a better picture of possible underlying concerns. Based upon the results of these tests, your veterinarian may adjust the dose or type of anesthetic used or delay surgery.

Date: \_\_\_\_\_ Blood work done prior to procedure

Pets less than 2yrs. **Comprehensive Chemistry Profile and Hematocrit**  
 This profile includes 21 chemistries that screen for kidney disease, liver disease, diabetes, gastrointestinal disease, pancreatic disease, and certain types of tumors.  
 A hematocrit checks for anemia and dehydration.

Pets 2yrs. and older **Comprehensive Chemistry Profile and CBC**  
 This profile includes 21 chemistries that screen for kidney disease, liver disease, diabetes, gastrointestinal disease, pancreatic disease, and certain types of tumors.  
 A complete blood count assesses anemia, dehydration, infection and possible clotting problems. Low platelets can indicate a serious problem related to bleeding during or after surgery.

**Capstar - Required**

Every pet will receive an oral Capstar Flea Treatment before going into the surgery area. Capstar will not interfere with anesthesia, Frontline or other flea products. This is to ensure our patients remain flea free.

**IV catheter with Fluid Therapy \$42.00**

All patients undergoing anesthesia will have an intravenous catheter placed prior to surgery. Intravenous fluids will be administered during the procedure to maintain blood pressure and assure proper hydration. This also provides quick access to administer medications during the procedure, should complications arise.

**Pain Management - If Warranted**

March Animal Hospital believes that managing pain in pets shortens the recovery time as well as promotes healing. We will give necessary pain medications to ensure that your pet is not in pain before and after surgery. We will also send home medication to continue a pain free recovery. The cost can range from \$50 - \$100.

**Post-Surgical Laser Therapy Treatment \$12.00**

The laser therapy system is a progressive, non-invasive modality that reduces inflammation, relieves pain, and accelerates wound healing and tissue repair.  I accept  I decline

**Home Again Microchip \$68.00**

Yes, I want my pet to have a Home Again Microchip placed.

No, I do not want my pet to have a Home Again Microchip placed.

**Personal Wishes**

**It's very important for our staff to know how to immediately respond to an unexpected and potentially life threatening situation. In order to follow your wishes and provide the best possible care while your pet is hospitalized, we ask that you choose a resuscitation code.**

In the event of cardiac or respiratory failure:

\_\_\_\_\_ I do not wish for resuscitation efforts to be performed on my pet.

\_\_\_\_\_ I wish to have any/all efforts at resuscitation performed. Techniques may include ( but are not limited to) basic CPR, IV medications, ventilations, and/or surgical techniques. I realize that additional costs may be incurred and I agree to pay these costs in full during time of treatment.

**I understand that while the anesthetic complication rate in this hospital is exceedingly low, no anesthesia is without medical risks. No guarantee can be made legally or ethically to me on the outcome of any procedure performed. I understand an estimate of charges can be created upon my request.**

**I have read and understand this consent.**

Owner/Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_

Phone number(s) where I can be reached today: \_\_\_\_\_

