

**FAIRFIELD ANIMAL HOSPITAL
LASER SURGERY CENTER**

SURGERY PATIENT INFORMATION AND CONSENT FORM

Procedure _____

Procedure Date _____

Owner _____ **Patient** _____

Please bring this completed surgery admission form in on the day of surgery or you may fax or mail it to us prior to your pets surgery. Feel free to contact us with any questions you may have before your pets surgery day.

If any external parasites (fleas, ticks) are present on your pet we will treat them immediately and you will be responsible for the cost of treatment.

All animals must be current on their Rabies vaccine or they will receive a Rabies vaccine while here.

All patients are required to have had a physical exam within the last 12 months.

While your pet is under general anesthesia it is an excellent time to consider other procedures that are easily performed at this time: microchipping, dewclaw removal, removal of small warts or skin tags or x-rays.

Dogs should have had a negative blood parasite test within the last 6 months or be on a heartworm prevention medication.

Laser surgery benefits include: less swelling and bleeding reduced pain and faster recovery. The lasers non-contact delivery does not tear or bruise tissue. Laser also sterilizes as it cuts and reduces the risk of infection. We have been performing laser surgery since 1999.

PRE-SURGICAL INSTRUCTIONS:

Wednesday or Friday Surgeries: No food or water after 8:00 pm the evening prior to surgery. If indicated, give the antibiotics the evening before and the morning of the procedure. This must be done without food or water since they are fasted. Surgery patients need to be brought to the hospital between 7:30 am and 8:30 am the morning of surgery. Special arrangements can be made if you cannot bring your pet in at the requested time.

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All surgeries at Fairfield Animal Hospital include preanesthetic medication, general anesthesia, pulse oximetry (monitors blood oxygenation), blood pressure monitoring, ECG monitor, the surgical procedure itself, laser surgery, antibiotic injection, injection for pain control, nail trim, post-surgical care and monitoring by a surgical technician throughout the procedure.

Standard surgical procedure cost _____

All additional services are recommended for the safest possible procedure. Check the consent line if you want the additional service. If the service is not required and you want to decline leave consent line blank. Please initial when finished.

Owner initial _____

ADDITIONAL SERVICE	COST	REQUIRED	CONSENT
<p>PRE-ANESTHETIC BLOOD TESTING Checking a blood chemistry lets us know if the organs are functioning normally and minimizes surgical risk</p>	_____	_____	_____
<p>INTRAVENOUS CATHETER AND FLUIDS Maintains hydration during surgery and provides quick access for emergency medications.</p>	_____	_____	_____
<p>PAIN MEDICATION To reduce pain and aid in the healing process</p>	_____	_____	_____
<p>REMOVE BABY(DECIDUOUS) TEETH If retained teeth are not removed early it can cause abnormal position of adult teeth.</p>	_____	_____	_____
<p>BLOOD PARASITE TESTING (CANINE) Tests for Heartworm, Lyme Disease, Ehrlichiosis, and Anaplasmosis.</p>	_____	_____	_____
<p>FELINE LEUKEMIA/FIV (FELINE)</p>	_____	_____	_____

If pre-surgical bloodwork is chosen, please schedule prior to the day of surgery.

I have read the surgical consent form and I have indicated my preference for each procedure.

Signature _____

Date _____