

Abbott Valley Veterinary Center

4232 Diamond Hill Rd. • Cumberland, RI 02864 • Tel: 401-334-2765

Anesthesia/Surgery for Your Pet

Date:

Patient:

Owner:

Breed:

Age:

Sex:

Patient ID#:

Your pet's safety and comfort are our number one concern here at Abbott Valley Veterinary Center. Before your pet has surgery, they will be examined for any problems that could interfere with anesthesia and will be monitored after surgery to help ensure that they have a safe and comfortable recovery. We are very happy to report that our patients do very well and we expect all to go smoothly. Occasionally, we may determine that additional pain medication is required post-operatively based on your pet's recovery. There may be a small additional fee for this medication.

For our mature patients (over 4 years of age) and for any pets that have chronic health problems, we require more extensive medical tests to evaluate the safety of anesthetics and surgery. A doctor or technician will discuss this with you. Sometimes we adjust the medicine or the procedure to make it safer for her. Occasionally we postpone surgery until a medical problem is resolved.

Even for our healthy, younger patients, pre-anesthetic blood testing, though not required, can help put your mind at ease by seeing that all is well. And certainly, on very rare occasions, problems are detected that change our plans. Please let us know if you have any questions about this testing.

PERFORM PRE-ANESTHETIC BLOOD TESTING FOR YOUR PET

YES NO

(There will be an additional \$37.00 fee).

IMPLANT HOMEAGAIN MICROCHIP ID SYSTEM

YES NO

(There will be an additional \$45.00 fee).

PROCEDURE(S) _____

DATE _____

I hereby authorize and direct Abbott Valley Veterinary Center to perform the procedure(s) noted above and to administer anesthetics or other drugs as deemed advisable for my pet. I understand the nature of the procedures and the relative risks involved, I authorize Abbott Valley Veterinary Center to provide any appropriate care should an unexpected complication arise. I further understand that in the absence of gross negligence, I assume certain risks and will not hold Abbott Valley Veterinary Center, its employees, representatives or agents liable or responsible in any manner or circumstances for these risks. I also understand that there is not continuous supervision for animals hospitalized overnight.

I further agree to make prompt and complete payment upon discharge of my pet.

Signature of Owner/Responsible Agent

Phone number(s) where you may be reached

In the event that I cannot be reached at this number, I understand that medical decisions will be made by the veterinary staff in accordance with the best interests of my pet. Furthermore, I understand that I will be financially responsible for any medical/surgical treatments administered under these circumstances.