



General Surgery
Surgical Release

Client _____ Patient _____ Date _____

Procedure(s) _____

All animals undergoing anesthesia require an overnight fast and a full day of hospitalization. Postoperative care includes restricted exercise for 14 days, daily visual checks of the incision for inflammation or discharge and protection of the incision from contaminants such as dirt, saliva and water. The incision must stay dry, i.e. no bathing or swimming. If external sutures were used suture removal is usually scheduled for 14 days after surgery date. Absorbable sutures or surgical “glue” is sometimes used when indicated so that suture removal is not needed.

Before performing any procedure requiring anesthesia, blood work will be run to confirm your pet’s overall health. This will reveal certain health conditions that could put you pet at risk. If the results are abnormal, the doctor will contact you to discuss treatment options. The test results will then become part of your pet’s medical record for future reference.

A leg is shaved for an intravenous catheter that is placed prior to surgery for direct access to the vein in the event of any complications. Intravenous fluids are also given during surgery to support normal physiologic functions. Our doctors routinely provide an injection of a 24-hour pain reliever at the time of surgery. A therapeutic laser is sometimes used after the procedure is finished to decrease pain and inflammation and aid in healing. Additional medication is given post-operatively for your pet to take at home along with an e-collar.

Please **check** one of each of the following:

- ❖ Have you **withheld food** from your pet? **Yes** **No**
- ❖ Please check off any of the following **prescription pain medication** your pet has had **in the last 2 days**
 Carprofen Meloxicam Deramaxx Previcox Buprenorphine None
- ❖ Please provide the last date and time the medication was given: _____
- ❖ Please check off any of the following **steroids** your pet has had **in the last 7 days**.
 Prednisone Prednisolone Dexamethasone None
- ❖ Please provide the last date and time the medication was given: _____
- ❖ If you did check off a steroid - The doctor will be made aware and will proceed accordingly with your consent. These medications can affect your pet’s platelets, which allow blood to clot. There can also be adverse gastro-intestinal effects when these pain relievers are given in combination with our pre-surgical medications and pain medications going home with your pet
- ❖ Please check off any of the following **over the counter pain relievers** your pet has had **in the past 2 days**
 Baby Aspirin Aspirin Ascription None
- ❖ Please provide the last date and time the medication was given: _____

❖ Please list any over the counter or prescribed medications or supplements your pet is on. Please indicate the last date/time given

❖ **The Home Again Pet Recovery** Service is a safe, simple and permanent form of pet identification designed to quickly identify lost pets and reunite them with their owners. Micro chipping your pet with Home Again is recommended for dogs and cats of all breeds and ages. It is safe for puppies and kittens, as well as older pets who may wander away from home. The microchip is inserted between the shoulder blades under the skin. Would you like to do this for your pet today? **The cost for microchip placement and registration is \$95**

Yes _____

Please perform Home Again placement

No _____

I decline Home Again placement today

My signature on this form indicates that any questions I have regarding the following issues have been answered to my satisfaction:

- ❖ The reasonable medical and/or surgical treatment options for my pet
- ❖ Sufficient details of the procedure to understand what will be performed
- ❖ How fully my pet will recover and how long it will take
- ❖ The estimate of the fees for all services

Financial responsibilities for services are due at time of discharge. I also understand that Cranston Animal Hospital, INC. is not staffed 24 hours a day and after hour treatment of patients is at the discretion of the veterinarian.

I, the undersigned owner, or agent of the pet named above, certify that **I am 18 years of age or older** and authorize the veterinarians of Cranston Animal Hospital to treat or perform needed procedures on my animal. You are to use all reasonable precautions against pain, injury, or escape of my animal. You will not be held liable or responsible in any manner for unforeseen incidents or accidents caused by the care, treatment, or safekeeping of my pet. It is thoroughly understood that I assume all risks, and that some risks always exist with anesthesia. As with any general anesthetic procedure there is a slight risk of an Idiopathic (unknown cause) Anesthetic Reaction (IAR), in rare situations may be serious and result in death. IAR is thought to be a cardiac hypersensitivity when given the anesthetic at its accepted and standard dosage. IAR has no predisposing factors, does not appear to favor one breed or species over the other. It is not revealed in standard screening tests and thus making it impossible to predict in advance.

Phone number(s) where I can be reached _____

Print Name _____

Signature of the owner/agent _____ **Date** _____