



Growth Removal
Surgical Release

Client _____ Patient _____ Date _____

Larger and more attached growths are best performed under anesthesia. Anesthesia allows for the growth and surrounding tissues to be removed. The outer layer of the skin will be closed with surgical staples or sutures. Postoperative care includes restricted exercise for 14 days, daily visual checks of the incision(s) for inflammation and discharge, and protection from contaminants such as dirt, saliva, and water. The incision must stay dry, i.e. no bathing or swimming. If external sutures are used, a suture removal is usually scheduled for 10-14 days from the surgery date. Often absorbable internal sutures or surgical "glue" is used so a suture removal is not needed. Post-surgical complications are rare, and may include, but are not limited to, hemorrhage and tissue reactions to suture material.

Before performing any procedure that requires anesthesia, blood work is run to confirm your pet's overall health. This can reveal certain health conditions that could put your pet at risk while under anesthesia. Typically, this blood work is completed before the day of surgery for the best surgical and medical planning. There may be situations where we perform this blood work here at our hospital on the day of the surgery. If the results are abnormal, the doctor will contact you regarding treatment options.

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. 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 growth(s) being removed today should be sent to the laboratory for histopathology. The histopathology report will give the doctor a definitive diagnosis of the tissue. Please indicate below if you would like to send the growth out for this testing.

Growth Location(s)

1) _____ 3) _____
2) _____ 4) _____

Send to the laboratory for testing? Yes No

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** _____