

Surgical Information

We hope surgery day will be a safe and pleasant experience. Remember, our team knows that surgery can be an anxious time and we are always available to answer any and all questions concerning the upcoming procedure.

Night Before Procedure:

1. No food or treats after 9:00pm and only a small amount of water.
2. Give all medications as usual unless otherwise instructed by the doctor.

Day of Procedure:

1. Have your pet in our office between 8:00-9:00am
2. Sign an anesthesia release form (can be done at the bottom of this form).
3. After being placed in an exam room, the doctor will address any questions or concerns you may have.
4. Your pet will be given a Capstar, a pill that will kill any fleas on your pet.
5. A doctor will listen to your pet's heart and lungs and get an accurate weight.
6. Any blood samples needed for Pre-anesthetic blood work will be collected at this time and the necessary tests will be run.
7. A member of our staff will take your pet and place it in a quiet comfortable holding area to wait for their surgery. At this time you will be given all leashes and collars belonging to your pet.
8. Before leaving our office please **make sure** we have a correct phone number where you can be reached.

You are welcome to call and check on the status of your pet after 2:00pm. At this time, we will be able to give you an idea when your pet may be able to rejoin the family at home. In most routine surgical cases dogs may go the same day, but a one night stay is provided at no additional charge if you choose to leave your pet. Cats however are required to stay overnight after surgery and may be picked up any time after 9:00am the following day.

Picking up your pet

The receptionist will:

1. Give you any prescribed medication your pet may need along with instructions on giving the medications.
2. Explain follow-up care and doctor's instructions.
3. Charge you out and give you any paperwork you may need.

A health care team member will bring your pet out to you and:

1. Go over any additional instructions, such as suture removal and food and water intake.
2. Answer any last minute questions you may have.
3. Assist you in getting your pet in the car, if needed.

A receptionist will contact you by phone or e-mail, if available, a few days after your pet's procedure. If you would like to be contacted by e-mail please provide a current e-mail address. This e-mail address will **not** be used for bulk e-mails.

North Jackson Animal Clinic
124 County Road 85, Stevenson, AL 35772

Phone: 256-437-8483 Fax: 256-437-2923

Surgical Information

Please bring this completed form in with you on the morning of your pet's procedure.

Owner's Name: _____ Pet's Name _____

REQUIRED: Telephone number where you can be reached during the surgical/dental procedure, if necessary: _____ Procedure to be performed today: _____

Please answer the following questions:

- Yes No Is your pet on heartworm prevention?
 Yes No Has your pet been checked for internal parasites within the past 6 months?
 Yes No Has your pet eaten this morning?
 Yes No Is your pet allergic to any medications? If so what?

We highly recommend but do not require the following procedures for our patients undergoing anesthesia. Please read the following procedures and mark accordingly.

Pre-Anesthetic Blood Profile: Your pet is scheduled for a procedure that will require anesthesia. The safety of anesthesia has greatly increased with new technology and anesthetic agents. However, there is always some risk with anesthesia. We will perform a complete physical examination before your pet is anesthetized. Some conditions, such as liver, kidney, and certain blood disorders may not be detected without blood analysis. For these reasons, we strongly recommend a preoperative blood screening including a complete blood count, be performed. This may help us detect an underlying problem that could lead to surgical or anesthetic complications. With our in-house blood analysis capabilities, we can have these results within minutes, which enable us to evaluate potential surgical risks.

_____ Yes, I would like the Doctor recommended blood work at an additional charge of \$ _____

_____ No, I decline the Doctor recommended blood work.

Pain Management: Studies indicate that animals recover more rapidly when pain relief is used after surgery. We can dispense pain relief medications to be used after surgery at an additional charge depending on the weight of the pet.

_____ Yes, I would like the Pain Management at an additional charge

_____ No, I decline the Pain Management

Additional Services: Please select the additional services you would like to be performed on your pet at an additional cost.

Nail Trim Bath Express Anal Glands Clean Ears Microchip K-9 Heartworm Test
 Feline Leukemia Test Rabies Vaccination Other Vaccinations

*Please note: Any pet found to be carrying fleas and/or ticks will be treated at an additional expense.

Anesthesia Release: I authorize the Doctors/Technical Staff of North Jackson Animal Clinic to administer medication, anesthetics, and perform the above procedures on my pet. I am also aware that unforeseen events will not relieve me from obligation to all reasonable costs incurred regarding my pet. I am the owner or agent for the above described animal and have the authority to execute this consent and authorization of the above named procedure(s). I understand that during the performance of the procedure(s), unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure(s) or even different procedure(s) than those set forth previously. I hereby consent and authorize the performance of such procedures as necessary and desirable in the exercise of the veterinarian's professional judgment. I have been advised of the nature of the procedure(s), as well as the risks involved, and also realize that results cannot be guaranteed. The hospital will use all reasonable precautions, but the Hospital will not be held liable or responsible for occurrences beyond its control. I agree to allow my pet(s) previous records to be released as needed for my pet(s) stay at the Hospital. I have read and understand this authorization and consent.

Date _____ Signature of owner or guardian _____