

Surgery & Sedation Form | 2017

| Date: | PROCEDEDU | JRE(S) | |
|--|---|--|--|
| Owner's Name: | Patient Name: | | |
| Breed: | Sex: | Color: | |
| Our greatest concern is your pet's safety a examined for any problems that could inte humans, your pet will have a Pre-anesthe at PetStar Animal Care an inside look at undergoing anesthesia. General Anesthesia and sedation drugs of | rfere with anesthesia to avoi tic Blood test performed prior your pet's vital organs and | d risks such as cardiac and/or respir to any surgical procedure. This to let us know that everything is func | ratory arrest. Just like est will give the Doctors tioning normally before |
| These risks are all monitored while unde depth during all procedures. An IV catheter is also placed for perioper | r anesthesia. We monitor he rative fluid administration wh | eart rate and blood pressure, temp | erature and anesthetic |
| placement will require us to shave a small Our pre-anesthetic screening consists of protein levels and other disease processe cells, platelets and electrolytes. | blood chemistries that chec | ck for disorders of the liver, kidner | |
| For our more mature patients (6 years of a extensive medical tests to evaluate the sa have increased risks of Kidney, Liver, Hea Our laboratory is fully equipped and staffe before anesthesia or surgery. Even when they serve as baseline data for us to comp An optional advanced service we offer for CO2 laser has been proven to reduce pos lost during the surgical procedure as well. as the declawing of cats, is now much more | Tety of anesthetics and surgert & Lung Disease. A Doctor ed to perform these importar these tests are normal, we are in the event that your pet surgeries is laser surgery. t-operative pain and healing Not only does your pet benef | ery. It is well documented that animor technician will be happy to discuss it tests and results will be available consider the information to be extrest becomes ill or has another procedu. What does laser surgery mean to rime for your pet. It also helps reduit from these advantages of the lase | nals above the age of 7 as this with you. immediately to review mely valuable because are in the future. my pet? The use of the ce the amount of blood |
| Please let us know if you have any quest Card will be sent home with you including | | | or recovery. A Report |
| PLEASE SEE ATTACHED ESTIMA DURING THIS VISIT | TE SHEET AND MARK AN | Y OPTIONAL TREATMENT(S) YOU | WOULD LIKE DONE |
| *** If your pet is found to have fleas expense. This will be done to ensur | | | |
| I hereby certify that I have the authority to and to administer such treatments, diagnobeen advised and understand the nature of to provide any appropriate care should an cure of these procedures. I will not hold P that may arise. | ostics, anesthetic and surgice of the procedures as well as to unexpected complication ari | al procedures as they deem neces the relative risks involved. I authori ise. No guarantee has been given to | sary for my pet. I have ze Petstar Animal Care o me as to the result or |
| Further, I assume financial responsibility for | or all services rendered/charg | es incurred to the patient (<animal></animal> |). |
| SIGNATURE OF OWNER/RESP | ONSIBLE AGENT: | | |
| PHONE NUMBER WHERE YOU | MAY BE REACHED: | | |
| Admitting Employee Name & I | Date: | | |
| NOTE: A \$300 DEPOSIT MAY BE REQU | IRED FOR ILL PATIENTS R | REQUIRING TREATMENT BEFORE | THEY CAN BE LEFT |

BE CREDITED BACK TO YOU UPON PICKUP OF YOUR PET.

IN OUR CARE. IF THE ACTUAL COST OF TREATMENT IS LESS THAN THIS AMOUNT, THE REMAINING AMOUNT WILL