

Estimate Rec'd _____
Owner's Initials _____

Glenwood Falls Animal Hospital

Orthopedic Surgical Consent

Owner's Name: _____ Pet's Name: _____

Procedure or Surgery Today: _____

Contact Phone Number(s): *Please place a check mark by the phone number that should be called first*

Cell: _____ Work: _____
Home: _____ Alternate: _____

Email Address: _____ (Range of Motion video will be emailed)

How would you like us to notify you when your pet wakes up from anesthesia? Text Phone Call Email

What medication is your pet currently taking? _____

When was the last dose of medication given? _____

All patients will have minimal lab work performed, receive an pain injection and pain medication that is to be given at home. Also, all dogs will go home with an Elizabethan collar to deter licking and chewing at the incision site.

I, the undersigned owner or agent of the pet identified above authorize the veterinarians and staff of Glenwood Falls Animal Hospital to perform the above procedure(s). I authorize the use of the appropriate anesthetic and medications that are needed to perform the procedure(s) or surgery. I assume financial responsibility for all charges incurred to the above patient and agree to pay all such charges when the pet is released from the hospital. I understand that veterinary medicine is an inexact science and every procedure, especially the use of anesthesia, involves risk and that results regarding the outcome of this/these procedure(s) cannot be guaranteed.

I understand that unforeseen conditions may extend the procedure or surgery and that if this happens the Glenwood Falls veterinarians and staff will try to contact me to discuss these conditions. Should unexpected life-saving emergency care be required and the hospital staff is unable to reach me, the staff:

_____ (int) has permission/I agree or _____ (int) does not have permission/I do not agree to provide such treatment(s) and to pay for such service(s).

All patients must be current on vaccinations that comply with GFAH's protocol _____ (int)

If any fleas and/or ticks are present they will be treated at the owner's expense _____ (int)

Signature of Owner or Authorized Agent

Date

Glenwood Falls Animal Hospital

Comfort and Safety Standards

General Health Profile Initial: _____

Anesthesia carries some risk (even though it may be small). GFAH's doctors and staff utilize safe anesthetic protocols for all our patients. Each patient will receive thorough blood test screening to ensure there are no underlying concerns. This will allow us to see how the internal organs are functioning, and check for anemia and dehydration.

Intravenous Catheter and Fluids Initial: _____

An IV catheter and fluids will be placed to allow the surgical staff to have a direct port to your pet's heart and the help maintain blood pressure during your pet's surgical procedure. Also, in the event of an emergency, with a catheter already in place emergency care can potentially be administered or performed in a timely manner.

IV fluids and catheter will help maintain intra-operative blood pressure, reduces post-operative renal failure and provides immediate access to the heart should an emergency situation arise.

Additional Procedures

- | | | |
|--|------------------------------|--|
| <input type="checkbox"/> yes <input type="checkbox"/> no | Microchip | \$ 40.00 (Reg. \$45.00) |
| | | *This does not include \$19.99 registration fees |
| <input type="checkbox"/> yes <input type="checkbox"/> no | Toe Nail Trim | \$ 5.00 (Reg. \$15.00) |
| <input type="checkbox"/> yes <input type="checkbox"/> no | Ear Cleaning | \$ 5.00 (Reg. \$15.00) |
| <input type="checkbox"/> yes <input type="checkbox"/> no | Anal Gland Expression | \$ 5.00 (Reg. \$15.00) |