

# Dogwood Pet Hospital



Pet \_\_\_\_\_

Date \_\_\_\_\_

Procedure \_\_\_\_\_

**Current physical exam** Due OK    **Microchip ID** Due OK    **Fed today?** Yes No

**Current vaccinations** Due OK    **Medicated today?** Yes No

**ANESTHESIA PATIENTS**

Your pet will be having anesthesia and will be closely monitored. We precede surgical or dental anesthesia with PCV (Packed cell volume) and blood clotting time tests (\$25), and will administer an injection for pain if indicated. *Dental extractions may be necessary, please tell us if we are not to remove any teeth.*

Testing **basic liver and kidney function** and blood sugar levels is necessary for any pet over 3 years old, recommended & optional under 3. (\$69.50)    Yes\_\_ No\_\_

**ECG screening strip** to test heart function is necessary for any pet over 10 or with a previous heart murmur. Recommended & optional under 10. (\$36.00)    Yes\_\_ No\_\_

**IV catheter** is necessary to support blood pressure and for ready access to the blood stream in an emergency. Recommended & optional under 1. (\$54.75)    Yes\_\_ No\_\_

## CONSENT:

**(CHOOSE ONE OPTION)**

Perform any dental extractions or other procedures necessary to avoid another anesthetic later. I understand there may be additional fees.

Call me before any additional procedures. If you cannot reach me, you may proceed with any procedure(s) deemed necessary. I understand there may be additional fees.

With the exception of emergency procedures, do nothing else unless you reach me by telephone. I understand that if you can't reach me within 5 minutes, you will wake my pet up without doing even the simplest of any additional procedure(s). I understand that should I agree to the recommended procedure(s) at a later date, there will be additional charges for the anesthetic and procedure(s). I understand that this may also result in additional discomfort for my pet.

*I authorize the doctors at Dogwood Pet Hospital to treat my pet according to their best judgment and ability. I assume full financial responsibility for this pet, and understand that payment is due at discharge unless prior arrangements have been made, with any unpaid balances accruing a \$7.00 monthly billing charge. I understand there is always a potential risk associated with any medical procedure, including anesthesia and surgery, and have had opportunity to have any questions answered regarding the planned procedure(s).*

Signed \_\_\_\_\_

Phone number today \_\_\_\_\_

Charles G. Hawkins, DVM, CVA



Rebecca Prull, DVM, CVA