

Anesthesia Admitting Form

Surgery Date: _____ **Pet(s):** _____ **Date:** _____

Procedure: Laser Spay ____

Laser Neuter ____ (Routine ____ Scrotal Ablation ____ Cryptorchid ____)

Hernia ____ (Umbilical ____ Inguinal ____)

Retained Teeth ____

Declaw ____ (Front ____ Rear ____)

Ear Crop _____

Growth Removal ____ # ____ Locations _____ Pathology Yes ____ No ____

Other _____

For Females: Is your pet currently in heat? Yes ____ No ____ Last known heat cycle _____

Are Required Vaccinations Current? Yes ____ No ____

(Dogs: Dhlppv, Bordetella, Rabies; Cats: FVRCP, FeLV, Rabies)

If done elsewhere, please provide documentation. Otherwise vaccines will be done while your pet is in the hospital

Microchipping: I would like microchipping performed while under anesthesia. The fee is \$76 and includes enrollment Yes ____ No ____

Patient Information:

Yes No

____ ____ Did your pet eat or drink this morning? When was the last feeding time? _____

____ ____ Has your pet had any vomiting or diarrhea within the past 7 days?

____ ____ Has your pet ever had seizures? If yes, when was the last one?

____ ____ Is your pet allergic to any medications, anesthetics or vaccines? If yes, please list:

____ ____ Is your pet presently on any medications including aspirin? If yes, please list:

Intravenous catheter and fluids are the standard of care for all of our pets to increase safety, protect vital organs and speed anesthetic recovery. For sterility, hair will be shaved over a vein on the leg so that an intravenous catheter (IV) can be placed. All patients going under anesthesia will have an IV placed for their safety.

Pre-anesthetic blood work gives the doctor an inside look at your pet's vital internal organs. We are especially concerned with the health of the liver and kidneys as these organs help the body get rid of the medications used during surgery. In addition, the results of these tests will serve as reference values for future use should your pet become ill.

Pain medications are vital in the recovery of your pet following their surgery. All patients will be sent home with the necessary pain and anti-inflammatory medications to aid in their recovery. Patients will receive pre-op pain medications prior to their surgery as well.

E-collars will be sent home to help prevent pets from licking their incisions. Please ensure that your pet keeps their e-collar on at all times for 14 days.

Dental Procedures Only:

Your pet is undergoing anesthesia today for dental procedures including teeth cleaning, polishing, dental radiographs and any medically necessary dental extractions to treat periodontal disease.

Extractions- I give consent to perform any necessary extractions Yes _____ No _____

Extractions (pulling) of diseased teeth if there is a loss of healthy attachment to the bone due to advanced periodontal disease. If your pet should need one or more tooth extractions, it is necessary for the attending veterinarian or technician to perform the extraction(s). The doctor may not have time to reach you prior to extractions as the patient is under anesthesia. If extractions are necessary for the health of your pet, there will be additional charges.

The most serious and or common complications of anesthesia and surgery include but are not limited to:

- Coughing
- Vomiting and/or decreased appetite
- Constipation and/or diarrhea
- Unsteady gait
- Mild bruising
- Skin reactions
- Personality change for 1-2 days such as sleeping more, hiding, and confusion
- VERY RARE CASES, blood loss and or death

If you have concerns post-op, please do not hesitate to contact us. If you have concerns after hours, Middle Georgia Veterinary Emergency Center is also able to assist you (478-997-6677)

I understand that some risks always exist with anesthesia or surgery and that I am encouraged to discuss any concerns I have with the veterinarian regarding these procedures. _____ Initial

*****Please note, if your pet has external parasites (fleas, ticks, ect), they must be treated prior to surgery and at the owner's expense*****

Phone number to be reached at today: _____

Estimated surgery cost: _____

Signature: _____

Technician: _____