

Altas Palmas Animal Clinic, Inc.
 Dr. Esparza Dr. Aguilar Dr. Howard Dr. Kim
Surgical Authorization and Anesthesia/Sedation Release Form
RISK 1

Client ID/Name: {ID} {LASTNAME}, {FIRSTNAME} Phone#: {PHONENUMBER}			
Email Address: {EMAILADDRESS}			
Patient ID/Name: {PATIENTID} {NAME}			
{SPECIES}, {SEX}, {COLOR}, {BREED}			

Please provide your emergency contact information:			
NAME:			
Primary #:	<input type="checkbox"/> Cell	<input type="checkbox"/> Home	<input type="checkbox"/> Work
Alternate #:	<input type="checkbox"/> Cell	<input type="checkbox"/> Home	<input type="checkbox"/> Work

Please answer the following questions to the best of your ability:

- | | | |
|---|-----|----|
| 1. Has your pet had anything to eat today? | YES | NO |
| 2. Has your pet been sick within the last 10 days? | YES | NO |
| 3. Is your pet current on their vaccinations? | YES | NO |
| 4. Has your pet taken any medications in the past 7 days? | YES | NO |

If yes, please list _____

Surgical Release Risk 1 patient:

I, the owner or authorized agent of this pet, give permission for the following anesthesia and procedures. I understand that some risks always exist with anesthesia and I have been advised of the possibility, small as it may be, that during the procedure, unforeseen conditions may occur or be revealed that necessitate a prolongation of the procedure(s). I understand that reasonable efforts will be made to contact me to explain these procedures and treatments and obtain my instructions regarding them. I consent to and authorize the performance of such techniques as necessary in the veterinarian's professional judgment if I am unable to be reached. I understand that veterinary medicine is not an exact science and no guarantee has been made regarding the results that may be achieved.

Surgical Procedure to be performed: _____

Histopath (approx.\$144.00) Yes No

Vaccinations to be performed: _____

Pain Medication:

Our hospital strongly believes in compassionate, quality medical care for our patients. As a result, all surgical patients will receive pain management during surgery and post-operative recovery. The attending veterinarian will use the pain protocol that they deem best for {NAME} and the cost will vary based on their weight.

Pre-Anesthetic Labwork:

We will perform a full physical examination on {NAME} before administering anesthesia. However, we highly recommend pre-anesthetic labwork be performed. This will help determine if {NAME} has an underlying condition that MAY NOT BE EVIDENT ON PHYSICAL EXAM and could influence our anesthetic protocol. (Approximately \$149 additional)

AUTHORIZE: I authorize Altas Palmas Animal Clinic to complete the recommended bloodwork prior to anesthesia.

Signature: _____

DECLINE: I decline the recommended bloodwork at this time and request that you perform the procedure. I fully understand the risk involved.

Signature: _____

Patient ID/Name: {PATIENTID} {NAME}

Surgical Care Package:

A surgical technician will place a I.V. catheter for induction medication and other drugs if required by the attending veterinarian. I.V. fluids will be provided upon request of the attending veterinarian. A monitor will be placed to chart {NAME}'s heart rate, Oxygen level, CO2, respiration rate, body temp, EKG, and blood pressure. (Approximately \$75-\$98 additional)

AUTHORIZE: I authorize for {NAME} to receive the surgical care package.

Signature: _____

DECLINE: I decline the surgical care package. I fully understand that a surgical technician will be monitoring and charting {NAME}'s vitals during their surgical procedure. In addition, a monitor will be connected to view their oxygen level, co2, and heart rate.

Signature: _____

Anti-Nausea Injection:

An injection for nausea will be administered prior to the surgical procedure to aid with nausea during recovery from anesthesia. (Approximately \$27 XS-\$96 XL)

I ACCEPT I DECLINE

EB Collars: (approx.\$6.00-\$20.00) Attending veterinarian will determine if your pet will need an EB collar.

Additional Services (Optional): PLEASE INITIAL INDICATION AUTHORIZE OR DECLINE

Microchip Placement:(approx.\$49.00)

I would like my pet to be permanently identified with a Save This Life microchip today while they are anesthetized.

I ACCEPT I DECLINE

Laser Therapy:(approx.\$18.75) **Will not do for Mass Removals!**

This will help speed healing to the surgical site.

I ACCEPT I DECLINE

Nail Trim/Dremel:(approx. \$14.00-\$29.75)

I ACCEPT my pet's nails to be: Trimmed Dremeled I DECLINE

External Parasites – Please Read and Initial the Following:

_____ I understand that if my pet has fleas and/or ticks, it will be given an oral or topical preventative before surgery at my own expense!!! This is done for the safety of the animal and the hospital.

PLEASE INITIAL – if applicable:

_____ Dentals – if during my pet’s dental procedure one or more teeth needs to be extracted, I understand and accept the financial responsibility of \$12.75 to \$55.00 per tooth extracted.

_____ Spay – if during my pet’s spay, she is found to be in heat or pregnant, I understand and accept the financial responsibility. \$34.50-\$110.25 in addition to surgery costs.

_____ Neuter - if your male pet is over a year old, the doctor may recommend a scrotal ablation. I understand and accept the financial responsibility. \$143.50 in addition to surgery costs.

I have read this form and agree to its contents:

Client Signature: _____ Date: _____

Patient ID/Name: {PATIENTID} {NAME}