



Anesthetic Procedure Check In Form

Please Print

Pet Name _____ Client Name: Last _____, First _____

Client Phone (H) _____ (C) _____ (W) _____

Email _____

Office use only: Client ID# _____

Is the pet current in the following wellness areas: Vx (Y/N) Testing (Y/N) Preventatives (Y/N)

Client & Pet information above verified by staff member _____

Patient admitted by staff member _____

Procedure _____

When a pet is sedated or anesthetized for a procedure, there are several important factors for you to know about regarding required measures, which include but may not be limited to the following:

Bloodwork: For all procedures requiring general anesthesia, pre-anesthetic bloodwork must be performed and deemed "within normal limits" by a doctor within 60 days of the procedure date. Required labwork for pets six (6) years and younger at minimum will be a pre-anesthetic panel consisting of six (6) chemistries, complete blood count, and electrolyte check. Required labwork for pets seven (7) years and younger at minimum will be a general health panel consisting of twelve (12) chemistries, complete blood count, and an electrolyte check. I understand that this labwork is not optional, but is required in order give the doctor information about my pets general health prior to anesthesia.

I understand and agree to this measure _____ I need more information first _____

Intravenous (IV) Catheter and Fluids: For all procedures requiring general anesthesia with the exception of sedation for grooming and feline neuters, all pets will have an IV catheter placed in the arm or leg to provide IV fluids during the procedure. Benefits include keeping the pet hydrated during this period of time when they may not take in fluids by mouth, maintaining blood pressure during the procedure, and providing IV access for medications. The site where the catheter is placed will be shaved and prepared with a surgical scrub to prevent the introduction of bacteria into the vein. I understand that my pet's fur will be clipped down to the skin for this procedure.

I understand and agree to this measure _____ I need more information first _____

When a pet is sedated or anesthetized for a procedure, the medical team will need information regarding how your pet was prepared the days before and day of the procedure. Information needed includes, but is not limited to, the following:

Food and Water : Prior to sedation or general anesthesia, your pet must arrive on the day of the procedure to the hospital with no food or water in their stomach. This is to ensure a safe anesthetic event. The night before the procedure, please take up all food by 10:00pm, however your pet may have access to water all night long. The morning of the procedure, take up the water as well and do not feed any breakfast.

My pet was prepared as noted above and has not eaten anything on the day of the procedure _____

My pet was not prepared as noted above, did eat on the day of the procedure, and last ate at _____ (time of day) today _____

Medication:

Is your pet taking any medications (other parasite preventatives) currently? Yes ___ No ___

If Yes, please list the name of each medication and when the last dose was given in the space below:

If your pet is taking medication regularly as previously directed by a doctor for a chronic condition (diabetes, seizures, allergies, thyroid/liver/kidney/adrenal disease, etc), please DO give the medication on the regular schedule including the morning of the procedure. If the medication must be given the morning of the procedure and with food, you may give with the smallest amount of food necessary to administer the medication. Do not feed your pet otherwise unless directed to do so otherwise by a doctor. If you are uncertain as to whether the medication should be administered or not, contact our office prior to the day of the procedure for more specific instruction.

Spay Procedure Only: Female pets which are spayed during pregnancy or during a heat cycle may have increased blood supply to the uterus and ovaries. Because of this unpredictable factor, the surgery process may take longer or be more difficult for the surgeon than a pet which is not pregnant or in heat. Due to this factor, if your pet is found to be in heat or pregnant during the physical exam prior to the surgery you will be notified by the surgeon and surgical options will be discussed. If a joint decision by you and the surgeon is made to proceed with the spay, an Estrus (in heat) or Pregnancy Surcharge which may not have appeared on the medical care plan signed prior to the procedure will be applied to the account.

Not Applicable _____ I understand and agree to this measure if indicated for my pet _____ I need more information first _____

Neuter Procedure Only : Male pets should have two testicles which should be descended down from the abdomen into the scrotum during puppy-hood or kitten-hood, however occasionally one or both testicles may not descend as expected. If the testicle(s) remain in the abdomen on the inguinal area of the body, they may become pre-cancerous, and do need to be removed during the neuter procedure. However, because the testicle(s) are not descended into the scrotum as they should be, the surgical procedure must be altered in order to remove both testicles. This will result in either an alternate or additional surgical approach for the surgeon, as well as elongated anesthesia time. If one or both testicles have not descended, an additional surgical charge will be applied to the account for the removal of retained testicle(s).

Not Applicable _____ I need more information first _____

I understand and agree to this measure if indicated for my pet _____

I have read, understand, and agree to all items listed above and have placed my initials in the appropriate blank for each paragraph above. I understand that choices made as initialed above will affect my total procedure cost, and I accept all financial responsibility for services provided.

Signed _____ Date _____

PLEASE DO NOT SIGN WITHOUT READING FORM

1st # _____ 2nd # _____ 3rd # _____

OFFICE USE ONLY A = accepted D = declined N/a = Not applicable R = required

Bloodwork: 1-6 years: bw done / PABW today OR 7 years & older: bw done / GHP today Cath/fluids - R / Na (ok to shave fur? __)

Dental Grade ___ / Na Decid. teeth ___ / Na Testes Palp: wnl / Na In heat? Y / N Microchip - A / D / R / Na LASER - A / D / R / Na

Puppy/Kitten/Dental: Oravet Application + 1st Home Care Kit - A / D / Na Taking any meds regularly? If yes, name/last dose: _____

Fluoride Treatment(Puppy/Kitten ohe/neuter < grade 1 only) - A / D / Na / Included with procedure Was pet NPO'd properly? Y / N, last ate _____

Full Mouth Dental Xrays A / D / Na Half Off! Ancillary services - Nail Trim: A / D Anal Gland Expression: A / D Ear flush: A / D

Office use only:

Post op call by _____ and/or RTG call by _____ Discharge done: Tech initials _____ Client initials _____