



Surgical Information Packet and Consent Forms

Dear Client,

Your pet has been scheduled for an upcoming surgery with our doctors at Northside Animal Hospital.

In our attempt to assist you, we have put together this packet to make surgery day as easy and stress-free as possible. In addition to this letter, you will find that the following information has been enclosed:

1. General Surgery Information
2. Payment Policies and Information
3. Anesthesia Consent Form
4. CPR Consent Form
5. Dental Consent Form (only required if your pet is scheduled for a dental)

Please carefully read all the enclosed information. To streamline the check-in process on the day of surgery, you may download and fill out these forms ahead of time and email them to nah5360@gmail.com, or you may print them and bring the completed forms with you on the day of surgery. If you have any questions, please feel free to call us.

Before Surgery

- All new clients/patients must have an exam and surgical consultation with one of our doctors prior to scheduling surgery. For existing patients, the pet will need to have had an exam with one of our doctors within the last 12 months.
- If the surgery is one that is considered non-routine and a substantial amount of time has passed between the initial diagnosis and the surgery, you may be asked to bring your pet in for a surgical consultation prior to scheduling. This refers in particular to mass removals and dentals, as the patient's condition may have progressed since the initial diagnosis, which may result in needing to adjust the surgical plan and associated costs.

Surgery Drop-Off Instructions

- Drop-off time is between 7:30am-8am, unless other arrangements have been made with the doctor. If you are unable to drop your pet off the morning of surgery, you are welcome to drop-off the night before at no additional charge. Please allow sufficient time at drop-off to make sure all forms are properly filled out and for the technician to take a history.
- Withhold all food and water after midnight the night before surgery
 - **EXCEPTIONS: Rabbits and Guinea Pigs should NOT be fasted before surgery.** Please bring a small amount of hay and/or pellets with you at the time of drop-off to be fed immediately after recovering from anesthesia.

- If your pet is currently on any medications, withhold the morning dose unless otherwise instructed by your doctor.
- **EXCEPTIONS - Diabetic patients receiving insulin should be fed a small meal and given a 1/2 dose of insulin at home** before dropping off. Try and keep them as close to their normal schedule as possible. Their glucose levels will be monitored closely while under anesthesia. **Patients with Cushing's Disease should receive their regular Vetoryl dose the morning of surgery.**

Bloodwork

- All pets receiving surgery are **required** to have minimum baseline bloodwork prior to surgery. This labwork is typically done the morning of surgery, but can be performed as early as 8 weeks in advance. If the pet has had lab work prior to surgery, but more than 8 weeks has lapsed, it will need to be repeated unless the doctor has indicated otherwise.
- The minimum baseline labwork includes a CBC (Complete Blood Count) and a Chem 10. This information helps alert our surgical team to the presence of dehydration, anemia, infection, diabetes and/or kidney or liver disease that could complicate the procedure. These conditions may not be detected without a pre-anesthetic profile, thus not allowing for the most appropriate and safest anesthetic and pain management regimen to be chosen for that patient.
- Diabetic patients will have their blood glucose checked every 2 hours while hospitalized for surgery, including during surgery.

What to Expect the Day of Surgery

- Upon arrival, please check in with the front desk
- After check-in, one of our veterinary technicians will escort you to an exam room, where they will confirm the procedure to be performed, confirm that the pet has been fasted, and complete the surgical consent forms. At this time, please let our staff know if you have any questions, or if you'd like to request any additional services while your pet is in our care for the day. Please allow for sufficient time for our staff to complete the intake process. Additionally, please note that the time in which you arrive, or the order in which surgery patients are taken in, has no bearing on the order in which procedures will be performed or completed.
- Once admitted, the surgery team will obtain any necessary blood samples and run the pre-operative lab work, and will place an IV catheter in the patient's leg. The IV catheter allows for administration of anesthetics, pain medication, IV fluids, and provides rapid intravenous access should an emergency arise.
- Most surgical patients are able to go home the same day, however the doctor may recommend leaving the pet overnight if he/she needs additional recovery time or monitoring. There is no additional cost if the pet needs to stay overnight.
- After surgery, the doctor will call or text you to let you know how surgery went, how the pet is doing, and will let you know when he/she will be ready to go home. You are welcome to check up on your pet's status, however, we request that you allow plenty of time for your pet's procedure to be done.

- **Make sure that your contact information is correct, and that the preferred contact number is written on the consent forms.** The number on the form is the one that the doctor will call to provide updates and will use to contact you in the event of any unforeseen complications or emergencies. If you will not be available to speak with, please provide the name and number of an additional person who is authorized to make decisions on behalf of you and your pet. If we cannot reach anyone, the doctor may have to make the decisions that he/she feels is in the best interest of the pet at the time, which may include canceling or ending the surgery before it can be completed.

Pick-Up

- Please do not arrive prior to the pick-up time the doctor gave you. Not only is adequate time required for the patient to be recovered enough that it's safe to be discharged, but it also allows us to finish the medical records, charges, discharge instructions, and prepare medications to go home.
- When you arrive to take your pet home, the receptionist will bill you out and the veterinary technician or doctor will go over all discharge orders verbally and give you a written or emailed copy. If you do not understand any instructions, please do not hesitate to ask them to go over them one more time.

Payment Information

- A \$100 deposit is required at the time of booking your pet's surgery to reserve the appointment, which will be applied toward the cost of surgery. The deposit is non-refundable if the appointment is missed without providing at least 24 hours notice.
- The remainder of the bill is due at the time of discharge. An estimate for the cost of surgery will be provided to you prior to surgery, either during your consultation appointment or prior to booking via email. You will be presented with a copy of the estimate during intake on the day of surgery and will be asked to sign it, acknowledging that you have been provided an estimate and agree to take financial responsibility for charges incurred. Please note that estimates are not a final total, and are subject to change if the patient's condition warrants a change in the final treatment plan. No additional services will be provided without your consent.
- We accept cash, check (with appropriate ID), credit/debit (all major cards), CareCredit, and ScratchPay.
- We do not do payment plans. We encourage you to apply for CareCredit and/or ScratchPay prior to scheduling the surgery by visiting their respective websites. If you have questions or need help with the application process, our receptionists will be happy to assist.

We strive to make surgery day a pleasant experience for you, your pet, and the surgical team. Remember, our team knows surgery can be an anxious and stressful time and we are always available to answer any and all questions concerning the upcoming procedure. We look forward to serving you and your pet on the upcoming surgery day and for years to come.



Anesthesia/Sedation Consent Form

Owner's Name: _____ Pet's Name _____

Reason for Anesthesia/Sedation: _____ Date _____

Your pet requires anesthesia/sedation for the above procedure. Any use of anesthetics carries inherent risks in all patients, regardless of whether there are any pre-existing conditions. The veterinary staff of Northside Animal Hospital will take the utmost care to avoid any complications, but such complications cannot always be foreseen.

I understand that unforeseen conditions may be revealed during the procedures that may require more extensive or different treatments. I understand that all reasonable efforts will be made to contact me to authorize any additional treatments. However, if these efforts are unsuccessful, I authorize the performance of any procedures or treatments that are deemed immediately necessary for the health and wellbeing of my pet in the professional opinion of the attending veterinarian.

I hereby authorize anesthesia/surgery for my pet. I understand that some risks always exist with anesthesia and/or surgery. My signature on this consent form indicates that any questions have been answered to my satisfaction. While Northside Animal Hospital provides the highest quality of anesthesia monitoring and surgical services, I understand that there are rare complications associated with any anesthetic or surgical procedure. In particular, I understand that there is an extremely small risk of death, complications, or side effects (which can present themselves well after the procedure) every time an anesthetic is used. I acknowledge these risks and understand that the veterinarians and hospital staff will try to minimize such risks. I will not hold Northside Animal Hospital, the veterinarians, or any staff member liable for any complications that may arise.

I understand that I assume full financial responsibility for this animal and understand that additional charges may be incurred in the event of any complications.

Owner's/Agent's Signature _____ Date _____

The best contact number to reach me at today is: _____



CPR Authorization Form

You are being presented with this form because your pet is in sick or injured, and/or will be undergoing anesthesia. Should my pet need CPR based on the medical judgement of the veterinarians at Northside Animal Hospital, including cardiac compressions, positive pressure respiration, emergency medications, or other heroic measures, I request or decline that the doctors perform such medical care as indicated below.

I have been informed by Northside Animal Hospital that less than 5% of animals that require CPR will survive to be discharged from the hospital. I understand that despite the best efforts of the veterinarians and staff at the Northside Animal Hospital, CPR may not save my pet's life. I also understand that even the most successful CPR that restores my pet's life may not allow my pet to regain his/her normal mental and physical health.

Regardless of whether I consent or decline to have CPR performed on my pet, as a result of following my directive, I hereby waive, release and discharge any and all claims for damages, including, but not limited to claims for death, injury or property damage that may accrue as a result of honoring this directive, and I declare that Northside Animal Hospital, and any member of the medical team, is acting in accordance with my directions.

A. _____ REQUEST FOR CPR.

I consent to CPR procedures, and I agree to be held responsible for a minimum resuscitation fee of \$150.00 to pay for the services performed while staff members pursue treatment and try to reach me for further directions. Regardless of my pet's survival, I agree to pay this fee in addition to the other fees already identified by the practice and agreed upon by me. I agree that if the staff is unable to reach me within 15 minutes after the initiation of CPR procedures, and reasonable medical judgement determines resuscitation efforts are futile, CPR procedures will cease. I have read the above information and release. I agree to the above terms and release and request Cardiopulmonary Resuscitation (CPR) be performed on my pet.

Owner's Signature: _____ Date: _____

Best Contact Phone Number: _____

B. _____ DECLINE CPR

DO NOT RESUSCITATE MY PET. I have read the above information and release. I agree to the above terms and release and request that NO CPR be performed on my pet.

Owner's Signature: _____ Date: _____



Dental Consent Form

This form is intended to promote a clearer understanding of the process involved in cleaning your pet's teeth. A thorough evaluation of your pet's mouth, teeth, and gums cannot be accomplished without the aid of general anesthetic. Because incidental findings, such as tumors and abscessed tooth roots, periodontal (gum) disease, cracked teeth, etc., are not uncommon, it is frequently necessary to change our treatment plan once the pet is anesthetized. Dental disease is progressive and it is our intent to minimize pain. Therefore, we may elect to perform procedures that will avoid unnecessary pain in the near future (for example, we may extract a tooth that is not yet loose, but has significant bone loss around it). Please be aware that the removal of some teeth may result in unavoidable consequences, such as jaw fractures or inability for the pet to keep its tongue in its mouth. Additionally, certain specialized procedures (i.e. crowns and root canals) are not provided at our facility, but are available through veterinarians that specialize in dentistry. These procedures are usually comparable, or more expensive than the same procedures in people. We can refer you to a veterinary dental specialist if you desire.

In order to minimize the time your pet is under anesthesia it is important that we know your desires before we proceed with today's procedure. This avoids delays involved with us trying to contact you to discuss your wishes or being unable to contact you at a crucial decision point. In most cases, we make the decisions based upon our values as if we were treating our own pets.

I understand that the following options require me to be available by phone today until the procedure is complete. I understand that time is of the essence while my pet is under anesthesia and that if I am unable to be reached, my pet's procedure will stop and that I may have to come back for another surgical procedure.

The best phone number to reach me at today is: _____

Initial one of the following agreements:

_____ Please perform all extractions or procedures you deem necessary

_____ Please perform all extractions or procedures you deem necessary, but do not exceed \$_____ (dollar amount in addition to the routine cleaning/polishing) without contacting me.

_____ Please DO NOT, under any circumstances proceed with anything more than routine cleaning without contacting me.

Owner's/Agent's Name (Print) _____ Pet's Name _____

Owner's/Agent's Signature _____ Date _____