

Bel-Aire Veterinary Hospital

7712 Kenmont Road Greensboro, NC 27409
J.G. Packard, DVM, Emily Westmoreland, DVM

Your Pets Surgery

Pet Name _____ Procedure _____ Date: _____

Your pet's safety and comfort are our main concern at Bel-Aire Veterinary Hospital. Before your pet has surgery today, he/she will be examined for any problems that could interfere with anesthesia and will be monitored during recovery to help ensure that all goes well. We are proud to report that our patients do very well and we expect his/her surgery to go smoothly.

Procedures requiring anesthesia are always associated with a certain amount of risk, whether the patient is a person or a pet. Like you, we want to minimize that risk as much as possible. This requires a physical evaluation and pre-anesthetic testing. General anesthesia has become safer in recent years with the advent of newer drugs and better patient monitoring. Some conditions may not, however, be evident on a physical exam. To better ensure your pet's safety during anesthesia, we advise the following pre-anesthetic tests be performed, even for elective procedures such as a spay, declaw, and castration. Sometimes we adjust the anesthesia used or alter the procedure to make it safer for your pet. Occasionally, we postpone the surgery until a medical problem has been resolved.

PERFORM PRE-ANESTHETIC TESTING FOR MY PET (COST \$ 73.80)

YES____ **NO**_____

MICROCHIP IMPLANT (COST \$44.00) YES____ **NO**_____

Perform K Laser Therapy on my pet (cost for 1 treatment \$30.00, cost for 6 treatments \$250, recommended for orthopedic cases) YES____ **NO** _____

For Dental Cleanings, if the doctor feels that extractions are needed, do we have your consent? **YES**____ **NO** _____

I.V. fluids prior to and during procedure (cost \$57.00) YES____ **NO**_____

I hereby authorize and direct Bel-Aire Veterinary Hospital to perform the procedure(s) noted above and to administer anesthetics and/or other drugs (including pain medication) as deemed advisable for my pet. I understand the nature of the procedures and the relative risks involved. I authorize Bel-Aire Veterinary Hospital to provide any appropriate care should an unexpected complication arise.

Has your pet eaten since 12 midnight? YES ____ **NO** _____

SIGNATURE OF OWNER/RESPONSIBLE AGENT: _____

PHONE NUMBER WHERE YOU MAY BE REACHED:_____