

Torrey Highlands Pet Health Care Center
Anesthesia/Surgery/Treatment Authorization Form

Please Complete & Bring in Day of Anesthesia

Dear Pet Owner,

Your pet has been scheduled for a procedure requiring anesthesia in the near future. Our goal is to make anesthesia/surgery/treatment day as easy and stress-free as possible. We have put together an information packet to help answer your questions.

At THPHCC, you can be assured that your pet will be well cared for before, during, and after anesthesia – our greatest concern is the welfare of your pet.

Your pet will be given a thorough physical exam to assess their health and bloodwork will be evaluated prior to undergoing anesthesia. This will allow us to minimize anesthetic and surgical risks and maximize patient comfort and safety.

Please carefully read the enclosed information. On your pet's anesthesia/surgery/treatment day, we will require you to review and sign an Authorization/Treatment Form, which will allow your input into decision making for your pet. If you have any questions or concerns, please feel free to ask.

The night before your pet's anesthesia/surgery/treatment.

- Withhold all food after evening meal
- You DO NOT need to restrict access to water
- *If your pet's procedure requires an incision (sutures), consider bathing your pet prior to procedure as no swimming/bathing is permitted 14 days post-op*

Patient Information

- When was the last time your pet was given food (time)? _____ How much? _____
- Is your pet currently showing any signs of illness? _____
- Please list any and all medications your pet is taking: _____
 - If on any medications, when was the last time they were given? _____
- Has your pet had any previous reactions to anesthesia? YES NO

Patient Information (Cont.)

- My pet is current on their vaccinations:
 - (Canine: Dhp, Bordetella, Leptospirosis, Rabies) and is free of external parasites
YES NO
 - (Feline: FVRCP, Rabies) and is free of external parasites
YES NO

Pre-Anesthetic Laboratory Testing

We strongly recommend that a pre-anesthetic blood test be performed to maximize your pet's safety and to alert the doctor to the presence of dehydration, anemia, infection, diabetes, kidney, liver disease, etc. If your pet has any of these conditions and they are left undetected, the anesthetic risk increases. The results of the recommended laboratory testing can help the doctor determine the appropriate anesthetic protocol for your pet.

*At THPHCC, we use the most up-to-date veterinary in-house laboratory equipment.
This allows Stat results!*

- Pre-Anesthetic Profile (Healthy Patients 6 years & under) includes:
 - **CBC:** PCV (Anemia), White Blood Cell Count (Infection) & Red Blood Cell Count (Anemia/Bleeding Disorder), Platelet Count (Clotting Disorder)
 - **Profile:** BUN & Creatine (Kidney), ALKP & ALT (Liver), Glucose (Sugar), Total Protein (Dehydration), & Electrolytes (Imbalance)
- FULL Senior Profile (Sick Patients and/or 7 years & older) includes:
 - **CBC:** PCV (Anemia), White Blood Cell Count (Infection) & Red Blood Cell Count (Anemia/Bleeding Disorder), Platelet Count (Clotting Disorder)
 - **Profile:** BUN & Creatine (Kidney), ALKP & ALT (Liver), Glucose (Sugar), Total Protein (Dehydration), & Electrolytes (Imbalance)
 - **Plus:** Albumin, Globulin, Phosphorus, Calcium, Total Bilirubin, Amylase, Lipase, & Cholesterol
- *Other Laboratory Testing is available and may be recommended by doctor*
- Feline Patient
 - **FeLV/FIV Test:** We recommend this test for our feline patients at least once in their lives. Feline Leukemia and Feline Immunodeficiency are caused by viruses. No cure exists. If your feline family member goes outside, we recommend administering the Feline Leukemia vaccine as well. Please ask for details if you would like to learn more about Feline Leukemia and Feline Immunodeficiency Virus.

Intravenous (IV) Catheter & Fluid Support During Anesthesia

Administration of IV Fluids during anesthesia helps maintain blood flow to the organs and keeps blood pressure normal. IV Fluid Support greatly increases the safety of anesthesia. In addition, IV catheters provide rapid access to the circulatory system. This enables us to administer supportive medications as well as prevent or treat any complications that may arise quickly.

Anesthesia/Surgery/Treatment Authorization

Procedure(s): _____

Client Name: _____ Patient Name: _____

Telephone Number (to reach during/after procedure): _____

I'd like to receive a text photo/update of my pet (circle): YES or NO

****TEXT message you'll receive from our hospital cell (760) 822-5900****

Our goal is to provide the highest quality care for your furry family member and to take all the added precautions you allow to avoid potential problems – provide a rapid response with unforeseen problems if they arise.

Please read & initial after each statement below:

I verify I am the owner (or Authorized agent for the owner) of the above-named pet and authorize the above procedure to be performed. I have read this document and my questions have been answered. I authorize the use of anesthesia and other medication as deemed necessary by the veterinarian.

CLIENT INITIALS

DATE

I have been advised as to the nature of this procedure and the risks involved. I understand that there is always a risk with any anesthetic procedure, even in an apparently healthy pet and I have discussed my concerns with the veterinarian. I understand that it may be necessary to provide medical and/or surgical procedures which are not anticipated for the safety or care of my pet. I hereby consent to and authorize the performance of such altered and/or additional procedures as are necessary in the veterinarian's professional judgement.

CLIENT INITIALS

DATE

The veterinarian has described the procedures identified in the consent form and has explained to my satisfaction the purpose for performing procedure(s) and the risks involved. I realize that there can be no guarantee as to the outcome of any procedure(s).

CLIENT INITIALS

DATE

THPHCC REPRESENTATIVE

DATE