

SURGICAL INFORMATION PACKET

Dear Client,

Your pet has been scheduled for an upcoming surgery in the near future. In our attempt to assist clients, 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. Anesthesia Consent Form (**Bring in Day of Surgery**)
2. Elective Services Form (**Bring in Day of Surgery**)

Please read all the enclosed information carefully. If you have any questions, please feel free to call us at (316) 722-1085.

On your pets' surgery day, we require you to review and sign an **Authorization/Estimate Form**—which allows you to choose optional services.

We require a phone number(s) where you can be reached surgery day.

Failure to be reached on the day of the procedure may result in postponement of the surgery.

The night before your pet's surgery...

- **Withhold all food and treats after midnight.**
- **Water may be left down after this time period but in small amounts.**
- **If you are currently administering any medications, vitamins and/or injections, Withhold the morning doses unless otherwise instructed by the doctor.**

Please make arrangements for your pet to be dropped off on the morning of scheduled surgery between 7:30 and 8:30 a.m. unless, other arrangements have been made in advance.

All clients are required to have a pre-surgical visit and personal check-in time the morning of procedure to answer any final questions and verify procedures being performed. At time of drop off, our team will be happy to answer any questions/concerns and collect the enclosed/completed **Authorization Form**. At this time, we will also be able to give you an idea when your pet may be done with surgery and you should expect a follow up call from our office to report on the status of your pet.

If any questions arise, the doctor may contact you at the number on the Authorization Form. 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. The attending technician will call you when your pet is out of surgery and in recovery. At this time, they will also set up a discharge appointment for you to pick up your pet later in the afternoon. Typically, these appointments begin at 3:00p.m. and after.

When you arrive to take your pet home, the receptionist will take care of financial obligations with you first and then notify the technician to go over all discharge orders verbally and give you a written copy. At this time, any medications prescribed will be reviewed. If you do not understand any instructions, please do not hesitate to ask them to go over them one more time.

We hope surgery day will be a pleasant experience. Remember, our team knows surgery can be an anxious 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 years to come!

ANESTHESIA INFORMATION SHEET

PLEASE READ CAREFULLY.

Anesthetic Procedures & Risks

We use a combination of pre-anesthetic medications/injectable and/or inhalant anesthetics to achieve optimum levels of sedation that are safe for your pet.

For short procedures, an injectable anesthetic is given alone that produces a good plane of surgical anesthesia with a quick recovery.

For most procedures, your pet is anesthetized and then intubated (insertion of a tube into the trachea or wind pipe). This will ensure that your pet is able to receive oxygen at all times and prevents aspiration of any fluids into the lungs.

For procedures that require minimum sedation, an injectable anesthetic is given that produces a good plane of sedation with quick recovery. Anesthesia is maintained with a gas anesthetic, Isoflurane, which is very safe and is not metabolized by the body. This allows us to have more control over anesthetic depth and it is less irritating to the airways. Another advantage to Isoflurane is a quick induction using a mask, vs using injectable anesthetics that require metabolism from the body.

Monitoring & Pain Management-Monitoring of patients during anesthesia is done in two ways. First, a veterinary nurse is with your pet continuously from beginning of anesthesia to recovery. Second, we have a computerized monitor that records heart rate, pulse rate, oxygen levels, respiration, ECG, core or rectal temperature. Our clinic strongly believes in compassionate, quality, veterinary care for our patients. As a result, all surgery patients will receive pain management before, during and after surgery. Additionally, pain medication may be prescribed home. Additional information will be given at discharge. We hope this program will reduce any discomfort experienced and aid in a quicker recovery.

Intravenous Catheterization & Fluids

We highly recommend the placement of an IV catheter and use of IV fluids during all anesthetic procedures. This allows us to have quick, available access to the circulatory system (blood) in case of an unforeseen emergency. The fluids help provide support to the circulatory system and prevent dehydration, as well as aid in a quicker recovery from anesthesia.

Potential Surgical Complications

1. Canine and Feline Spay

1. Bleeding 2. Infection 3. Recurrent Heat 4. Urinary Incontinence 5. Weight Gain 6. Suture Reactions

2. Canine and Feline Alter

1. Bleeding 2. Infection 3. Testicular Swelling 4. Suture Reaction (Canine Only)

3. Feline Declaw

1. Bleeding 2. Infection 3. Limping/Lameness 4. Regrowth of Nail

4. Tumor/Lump Removal

1. Bleeding 2. Infection 3. Swelling and Drainage 4. Suture Reaction

It is important for you to understand that there is always a risk of anesthetic and surgical complications anytime these procedures are performed. We strive to take the highest quality care of your pet and take all the added precautions you allow to avoid potential problems. Thank you for entrusting your pet to us.

ANESTHESIA CONSENT FORM

The owner or authorized agent of this pet, gives permission for the following procedure(s) requiring anesthesia. By signing below, I understand that there is risk involved with anesthesia and have been educated on these risks. I am willing to forgo the risks based on the benefits the procedure(s) requiring anesthesia will bring to my pet. I release any liability, within sound medical practices, to the attending veterinarian and staff.

Owner's Name _____ Date _____

Pet's Name _____ Species _____

I hereby authorize Dr. _____ and his designees to anesthetize my pet and to perform the following procedures:

_____ Ovariohysterectomy (Spay) _____ Dentistry _____ De-claw
_____ Castration (Neuter) _____ Biopsy _____ Wound Management
_____ Removal of growth/lump/tumor/cyst _____ Exploratory Surgery
_____ Other _____

I am aware that there are risks involved in the administration of any anesthesia and with all procedures. If an unforeseen condition or emergency arises during the course of my pet's treatment, I further authorize the doctor to perform any additional procedures, which, in his judgment, may be immediately necessary to my pet's life and health. I acknowledge that no guarantee concerning the results of these procedures has been made.

I can be reached by phone at _____

Another person who can make decisions concerning my pet is _____

Who can be reached at _____

A good time to pick up my pet is _____

I UNDERSTAND FULL PAYMENT IS DUE WHEN MY PET IS PICKED UP.

Owner's signature _____ Date _____

ELECTIVE SERVICES FORM

While your pet is under anesthesia, there are additional elective services that can be performed at additional cost. Below are some of the services we offer that may be performed while your pet is here. If you are interested in having any of these procedures performed, please check the box next to the treatment, sign the form, and bring it with you the morning of your pet's surgery. If you have any questions about these procedures, please call our office at (316) 722-1085.

Home Again Microchip

Nail Trim

Rabies Vaccination

Ear Cleaning

Fecal Examination

Canine Annual Vaccines

Heartworm Test

Feline Annual Vaccines

Other: _____

I authorize the above selected procedures to be performed and understand that there is additional cost associated with these treatments. I may receive an estimate of my pet's procedure with these additional treatments included at my request.

Owner's signature _____ Date _____