

Today's Procedure:

SX/DENTAL

patient information label

Pet History

Please answer the following questions to help us treat your pet.

1. What type of food does your pet generally eat (brand, dry/wet, etc.)?

2. Has your pet experienced any vomiting, coughing, or diarrhea in the last week?

3. When did your pet last eat?

4. Please list any allergies your pet has (food, medications, environmental, etc):

5. Please list all medications your pet is currently taking:

NAME	STRENGTH	DOSE	FREQUENCY	TIME LAST GIVEN
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Treatment Preferences

Please read the following and initial by the ONE option you prefer. During the physical examination, conditions other than those for which the patient was admitted are occasionally discovered which need further testing or treatment. If your pet is ill or injured, laboratory test and/or radiographs may be needed to develop a treatment plan.

1. I authorize additional testing and treatment if/as needed. _____
2. Please notify me regarding any necessary additional testing and treatment. However, if I am not available when you call, please perform any necessary diagnostics or treatments. _____
3. Please perform only the procedures I have requested today. I understand that if you cannot reach me, no other diagnostics or treatments will be performed. _____

Pre-anesthesia Diagnostics

Before we administer anesthesia, your pet will have a complete physical examination. Pets over 7 years old require a full chemistry before anesthesia but we recommend a pre-anesthetic liver and kidney profile for patients under 7 years old, as well. This test helps to ensure your pet is in a low risk category during anesthesia by ruling out pre-existing internal problems that may not be physically evident but could possibly lead to complications.

- Please perform the recommended pre-operative blood tests. _____
- I decline the recommended pre-operative blood tests. _____
- N/A - My pet has had a chemistry panel in the past 30 days _____

Resuscitation

Please initial one option.
If my pet experienced a cardiac arrest during hospitalization:

- I authorize resuscitation _____ I DO NOT authorize resuscitation (DNR) _____

Additional Services

We can implant a microchip in your pet today for an ID that can't get lost. There is an additional fee for microchip implantation. Please initial one option below. Would you like a microchip today?

YES _____ NO _____ N/A, my pet already has a microchip _____

All of our surgery and dental patients can receive a complementary nail trim while they are under sedation. Would you like a complementary nail trim today?

YES _____ NO _____

General Information

Pre-anesthetic Preparation

Please don't be alarmed when you pick up your pet and see a small shaved area. To facilitate placement of intravenous catheters or cardiac monitoring devices, it may be necessary to shave a small area of hair on the limbs and/or tail of your pet.

Coughing after anesthesia

All pets undergoing anesthesia are intubated for their safety. This allow us to control their breathing and protects them from inhaling any foreign material. Some pets may cough or their bark/purr may be different a few days.

Pain management protocol

The Animal Hospital of Carrboro has adopted a pain management protocol for all surgery and dental patients. Pain management begins before the procedure and continues at home with post-procedure pain medications that are prescribed and dispensed with printed instructions.

Biting Animals

Animals brought to The Animal Hospital of Carrboro enter an environment where the presences of smells and sounds of other animals may cause over-stimulation or defensive behaviors. Additionally, some procedures may be uncomfortable. If you think your pet may try to bite during an examination or procedure, please inform our staff. If a pet attempts to bite, we will gently muzzle your pet to protect our staff or other patients.

STATE LAW MANDATES THAT ANY ANIMAL THAT BITES A HUMAN OR ANIMAL MUST BE REPORTED TO ANIMAL CONTROL.

Authorization for Treatment

I affirm that I have read and fully understand this authorization for treatment. I agree to assume financial responsibility for all the charges incurred to the above patient and agree to pay for all such charges at the time I pick up my pet, excepting procedures that require a deposit, which must be paid at the time of scheduling. I understand I can request an estimate before any procedure.

I further understand that in the event of an emergency, my pet will have emergency treatment provided at my expense and the attending veterinarian will contact me as soon as possible regarding further treatment options. I further understand that any treatment, especially one involving anesthesia, presents risks and that no guarantee of successful treatment has been made.

Name

Best Contact Number

Signature

Date

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Discharge

I, the owner or authorized agent thereof, affirm that I the pet in this document has been discharged from the facilities at The Animal Hospital of Carrboro and I have resumed responsibility for their care.

Name

Signature

Date/Time

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