



## POQUOSON VETERINARY HOSPITAL

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### **SURGICAL/SEDATION RELEASE**

#### **RECOMMENDED PROCEDURES - Please indicate your choices on the reverse side.**

**PAIN MANAGEMENT** - Analgesics provide comfort, reduce stress and allow a smoother recovery from surgery. Multimodal pain management, a combination of two or more medications, will be necessary for procedures known to cause a higher level of pain. Multimodal pain management is the best way to control pain because of the complementary effects of different pain medications. (The combination of pain medications results in better pain control.)

**OPTIONS: BUPRENORPHINE INJECTION:** 6-12 HOURS PAIN CONTROL FOR CATS AND DOGS

**RIMADYL INJECTION:** 24 HOURS PAIN CONTROL FOR DOGS ONLY

**TRANSDERMAL DURAGESIC PATCH:** 72-96 HOURS PAIN CONTROL FOR DOGS AND CATS (should be applied 12 hours prior to procedure by veterinary staff only)

**MULTIMODAL PAIN MANAGEMENT:** PAIN CONTROL INJECTION PLUS TRANSDERMAL DURAGESIC PATCH AND/OR ORAL PAIN MEDICATION

**PREANESTHETIC BLOOD TESTING** - Like you, our greatest concern is the well being of your pet. Before putting your pet under anesthesia, we will perform a full physical examination. In addition to the exam, a blood analysis can reveal underlying problems that may not be outwardly visible. Blood chemistry tests give us an inside look at your pet's vital organs and let us know if they are functioning normally. Bloodwork can play a critical role in determining how much risk is involved. Before administering any kind of anesthetic, the doctor will evaluate the test results.

**INTRAVENOUS FLUIDS** - Fluids help to keep your pet's blood pressure stable as well as keeping them hydrated while under anesthesia.

**MICROCHIP IMPLANTATION** - Microchipping is a safe, permanent way to identify your pet. A tiny computer chip about the size of a grain of rice is injected by a veterinarian or licensed technician, just under the pet's skin. Animal hospitals, shelters and humane societies across the country use microchip scanners to detect the ID number then match that ID number to your name and the emergency contact numbers that you provide to the registry.

#### **SERVICES INCLUDED WITH ANESTHESIA - Safety is a priority for all our patients.**

**Intravenous Catheter** - placed into the patient's leg to allow direct access to the circulatory system if needed. This is important because it can be difficult to gain access to a vein in an emergency situation.

**Patient Monitors** - a licensed veterinary technician uses equipment that monitors your pet's heart rate, ECG, respiratory rate, blood oxygen level, and temperature to aid their monitoring of patients receiving anesthesia.

**Bair Hugger** - this is combined with a warm water blanket and our padded surgery table to keep patients warm during their procedure.

Owner \_\_\_\_\_ Pet's Name \_\_\_\_\_ Date \_\_\_\_\_

As the owner or agent of the above animal, I hereby give my consent to Poquoson Veterinary Hospital to perform the following procedure \_\_\_\_\_

Please indicate your choices:

**PREANESTHETIC BLOODWORK (CHOOSE ONE OPTION)**

- \_\_\_\_\_ I AUTHORIZE - THE DOCTOR RECOMMENDED BLOODWORK **\$62.85 - \$115.95**
- \_\_\_\_\_ I DECLINE - THE DOCTOR RECOMMENDED BLOODWORK
- \_\_\_\_\_ BLOODWORK ALREADY DONE

**INTRAVENOUS FLUIDS**

**\$25.00 unless stated otherwise on your estimate**

\_\_\_\_\_ I AUTHORIZE \_\_\_\_\_ I DECLINE

**PAIN MANAGEMENT (CHOOSE ONE OPTION)**

**Pain injections will be given to all surgical patients, unless a topical pain patch is authorized. Charges will vary according to the size of your pet. Please ask our staff about charges pertaining to these options.**

- \_\_\_\_\_ I AUTHORIZE **INJECTION** (Provides up to 6-12 hours pain control for cats and up to 24 hours of pain control for dogs.)
- \_\_\_\_\_ I AUTHORIZE **PAIN PATCH** (Provides 72-96 hours of pain control)
- \_\_\_\_\_ I AUTHORIZE **MULTIMODAL PAIN MANAGEMENT** (Most effective option. This includes the patch and other analgesics)
- Cost is dependent upon body weight**

**MICROCHIP**

\_\_\_\_\_ I AUTHORIZE \_\_\_\_\_ I DECLINE/PREVIOUSLY DONE **\$51.60**

***I understand that during the performance of this procedure, unforeseen conditions may be revealed that necessitate an extension or variance in the procedure set above. I expect Poquoson Veterinary Hospital to use reasonable care and judgment in performing the procedure. The nature of the procedures and risks involved has been explained to me and I realize results cannot be guaranteed. I am also aware that unforeseen events resulting from the procedure will not relieve me from any reasonable costs incurred regarding this animal.***

**Signature of owner/agent** \_\_\_\_\_

Today's phone number (contact 1) \_\_\_\_\_

(contact 2) \_\_\_\_\_

All animals admitted must be current on their vaccinations and must be free of external parasites. Dogs must also have a current negative internal parasite exam. Any animal found to have fleas or ticks would be treated at its owner's expense.