

Pre-Anesthetic Testing ___ n/a ___ aware

We require pre-anesthetic blood testing to check your pet's organ function and blood count. These tests will be performed to ensure your pet is in low risk category during anesthesia, ruling out pre-existing internal issues that may not be evident upon physical examination, but could possibly lead to complications.

Intravenous Fluids and Catheter Placement ___ n/a ___ aware

In order to minimize complications/risks during anesthesia, your pet will have an IV catheter placed and he/she will receive intravenous fluids. These fluids allow the liver & kidney to flush out remaining anesthesia that is in the blood, maintain blood pressure at a safe level, and give the doctor venous access to administer emergency drugs or blood if needed.

Radiowave Surgery ___ approve ___ decline ___ n/a

We offer radiowave technology. This gives us the ability to offer your pet shorter anesthesia and post-surgical healing time. How does radiowave surgery work? A micro fiber tip becomes energized by the radiowaves but does not become hot. Ultra high frequency radiowaves provide delicate tissue interaction. Results are a focused cutting & coagulating effect, minimizing the amount of tissue destruction. Healing is rapid and painless. Radiowave does not burn the tissue.

Post Operative Pain Management & Elizabethan collar ___ n/a ___ aware

After any surgical procedure, pets do experience some pain, discomfort and inflammation for the first 48-72 hours. Pain medication will be given and dispensed to reduce these experiences, after a surgical procedure. About 50% of pets will lick, scratch, or even destroy the surgical incision area. This is one of the most common complications after surgery.

Annual health needs or requirements for admission: _____

Laboratory Tests Needed: _____

Other Services: Anal Glands \$23 Nail trim \$12 Microchip \$39 Ear Cleaning Level 1 \$20

Surgical Procedure: _____

******* An estimate of anticipated fees will be provided to you. *******

*A 100% deposit is required upon patient's admittance to the clinic. Accounts not paid within 30 days are subject to an interest finance charge. I agree that if I fail to make payment in full and my account becomes past due, I shall be liable for and agree to pay, all collection agency fees, reasonable attorney's fees and court costs.

*Patients must be picked up within three days of the specified release date. A written notice will be mailed out to the address above. Five days after such written notice, the patient will be considered abandoned. It is understood that abandonment does not relieve me from responsibility of payment of services rendered, including the cost of boarding. As owner, or authorized agent, I hereby consent and authorize North Tampa Pet Hospital to receive, prescribe, treat, or perform anesthesia and operate on this animal.

*I understand and acknowledge that all due caution will be taken, but there is always a risk that an allergic reaction or problem could occur by placing your pet under anesthesia. I understand by allowing the above services to be performed will help minimize the risk but not eliminate the risk. I understand that North Tampa Pet Hospital will use all reasonable precautions against injury, escape, or demise but will not be held liable or responsible in any manner regarding the care, treatment or safe keeping of the animal. I understand that I am assuming all risks involved in care and treatment for the patient.

*Our office is to use all reasonable precautions against injury, escape, or demise but will not be held liable or responsible in any manner regarding the care, treatment or safe keeping of the animal. I understand that I am assuming all risks involved in care and treatment for this animal. I consent to administration of anesthesia as deemed necessary by the doctor. I acknowledge that risks and the possibility of complications exist in any surgical or medical treatment.

Please list a # where you can be reached while your pet is in our care. Check ___ if you would like a text message instead. Please make sure to leave the cell number where text message will be received.

Date: _____ #: _____ Signature: _____