



Cudahy Veterinary Clinic

Pre-operative/Pre-anesthetic Information:

Vaccinations are the most important measure we have to protect the health of our pets. These vaccinations should ideally be done 2-3 weeks prior to any scheduled procedure.

Pets should be free of parasites (fleas, ticks, worms, etc.) prior to their procedure. We require a current **fecal** test for intestinal parasites prior to the scheduled procedure. If a parasite infestation is identified at admission, we will need to treat your pet (at owner's expense) prior to their procedure. This is to protect your pet just as much as it is to protect other pets that might be in the clinic at the same time.

We strongly encourage pre-operative blood within one week of the procedure. This could identify subclinical illness not previously diagnosed that might save your pet's life. This can also be done the day of the procedure and may be required in some cases.

We also recommend post-operative pain medication. Pets may be incredibly stoic about pain and not exhibit the signs you might expect.

If you have a cat that is being declawed, we recommend using yesterday's news in place of regular litter for 2 weeks. This is a product we carry, or you can alternatively use shredded newspaper.

It is very important that your pet not lick at the incision site. If this does occur while he/she is hospitalized, we will place an e-collar on your pet to prevent this. The cost of the collar will vary from \$11-\$14, depending on your pet's size. You may also choose to purchase one to take home to prevent licking when you are not able to watch your pet.

Day of Procedure information:

Pets should be fasted the evening prior to and the morning of surgery/anesthesia - nothing to eat, including treats and rawhides, after 10:00PM the night prior to their scheduled procedure. Water should be available at all times.

We require your pet to be admitted to the clinic between 7:45 and 8:00 AM on the day of the procedure unless other arrangements for admission have been made.

Please provide the staff with a telephone number where we can reach you should the need arise.

Day of Procedure Consent:

_____ presents today for _____
(Pet's name) (Procedure)

In preparation for this procedure, we recommend a pre-surgical blood panel to ensure early detection of metabolic disorders or conditions that might affect your pet's health and safety during the procedure. Please initial your selection below - accept or yes indicates your wish for us to do the blood screen. Current cost of the blood screen is \$75-115.

accept (yes) _____ decline (no) _____

Post-operative pain medications are recommended following any surgical procedure. Please initial your selection below - accept or yes indicates your wish for your pet to have post-operative pain medications. The cost of the pain medications depends upon the size of your pet and the medication that is best for your individual pet. Please ask us and we will do our best to give you an accurate estimate.

accept (yes) _____ decline (no) _____

It is an option to have an intravenous (IV) catheter placed prior to the procedure so that emergency medications may be given more efficiently should anything unexpected arise during the procedure. Additionally, it will allow for IV fluid hydration support should a need be identified. Some surgical procedures can be lengthy in duration. Extended operative procedures can lead to dehydration and hypothermic conditions. The cost of fluid support depends greatly upon the size of your pet and the duration of the procedure. Current placement cost of an IV catheter is \$30, the price of fluid administration ranges from about \$45-75.

accept (yes) _____ decline (no) _____

Post-operative Laser therapy is available for your pet to help reduce pain and inflammation and to speed healing. One treatment done on the day of surgery is \$20.

accept (yes) _____ decline (no) _____

Informed consent:

I hereby consent and authorize the above named to receive, prescribe for, treat and/or operate upon my pet. I assume all risks with regard to restraint, anesthesia, surgery and general care of aforementioned pet. I understand that any estimate given for medical/surgical procedures is not a definite cost quote and I assume all financial liabilities incurred for professional services rendered. I understand that all fees must be paid before the pet is discharged from the hospital.

The phone number provided below is where I may be contacted in the event of an emergency. If you are unable to contact me, Cudahy Veterinary Clinic is authorized to proceed with care in the most cost effective and humane manner necessary for my pet.

Signature: _____

Date: _____

Phone number: _____

