

Animal Friends of Washington County (AFOWC)

Patient Name (Animal): _____

Client Name (Owner): _____ E-mail: _____

Address: _____ P.O. Box _____ City/State/Zip _____

Home Phone _____ Work _____ Cell _____

Species: Dog/ Cat Sex: **Male** / Female Breed: _____ Color _____ Age _____

Years / Months

Consent for Anesthesia

I, being of legal age and responsible for the animal described above, have the authority to grant Animal Friends of Washington County and its staff members, volunteers or agents my consent to receive, transport, prescribe for, treat and/or perform sterilization procedures upon the animal described above.

I understand that modern techniques and trained staff will be utilized for the care of all animals, and reasonable precautions will be used to prevent injury, escape, or destruction of the animal. It is thoroughly understood that Animal Friends of Washington County and its staff members, volunteers, and agents will not be held liable or responsible in any manner and I assume all risks.

If in the course of treatment a condition is discovered that requires medical attention or an additional procedure, such as; hernia repair or the administration of IV/SQ fluids, the attending veterinarian may, in his/her absolute discretion, perform such procedure.

I further understand that as long as, in the opinion of the attending veterinarian, the animal is an acceptable surgical candidate, sterilization procedures will be performed regardless of the animal's sex or medical condition (such as the presence of heartworm disease, in heat or pregnancy). I understand the attending veterinarian can refuse to perform any procedure on any animal for any reason. Such refusal is at the absolute discretion of the attending veterinarian.

I understand that my pet may have an increased risk of complications and mortality during and following surgery due to previous injuries, existing conditions, and / or previous complications under anesthesia.

I understand that all animals must be picked up from the clinic at the time designated by the staff on the same day as surgery. If I do not claim the animal, I understand that after 24 hours the animal will be considered abandoned and the animal will be disposed of in accordance with policy established by Animal Friends of Washington County. I understand that once an animal has been abandoned, I relinquish all ownership rights and I will be responsible for all expenses.

I further understand that each animal is being surgically altered will be tattooed with a single green line as visual identification of Sterilization.

Clinic Policies: PLEASE INITIAL EACH POLICY BELOW!!

Initials Feral cats can have their **LEFT EAR NOTCHED/Owners request Y or N**. I consent to these procedures and additional costs, if any.

Initials I understand AFOWC **DOES NOT accept 3rd party drop offs**. I affirm this is my personal pet I am bringing in for surgery.

Initials I have been notified that strict exercise restriction is recommended for **10-14 days** to minimize post-surgical complications.

Initials If fleas are present on your pet today, a Capstar (24 hour medication to kill fleas) will be administered at a **8.26-8.49 add charge**
 We can apply a 30 day flea & tick prevention for additional costs if you prefer (Please ask a Technician for details)

Initials A current rabies vaccine certificate is required or Animal Friends will rabies vaccinate my animal at a **\$16.50 additional charge for standard canine/feline rabies or \$20.00 additional charge for the Feline only Pure Vax rabies**

Initials I understand that Animal Friends does not provide boarding and pets are to be discharged & picked up by **4:00pm**
After hours / late pick up additional charges will apply.

Initials I understand payment is due in full at time of services; **CHECKS NOT ACCEPTED**

Initials **Large male & In Heat/Pregnant Female Dogs** may require use of **Blood stop Powder** which is intended for application to bleeding surfaces as a hemostatic, at the **veterinarian's discretion**, there is a **\$20.00 – 100.00 additional charge**

Please inform the front desk **prior to check-in** of any **Vouchers / Assistance** to be applied with your payment

Please list any Vouchers you may have. _____

I consent to these procedures and any additional costs

Pet Owners Signature

Date

Patient Pre-Admitting Information

Client Name: _____ Animal's Name: _____

EMERGENCY NUMBER: *VERY IMPORTANT if we need to reach you immediately today*

When was the last time your animal had: **Food** _____ **Water Available - YES / NO:** _____
Time Time

List any **Behavioral concerns** (biting, aggression, feral, etc.) _____

1. Has your animal ever had **SEIZURES?** **Yes / No / Unknown**
If "yes", please explain _____

2. Any **reactions** to vaccinations, drugs, or medications? **Yes / No / Unknown**
If "yes", please explain _____

3. Any history of medical treatments/conditions: **Yes / No / Unknown List:** _____

4. Has your animal shown any symptoms of illness recently? **Yes / No List:** _____

5. Is your pet taking any medications? **Yes / No** Type/ Date Last Given: _____

6. Is/Has your pet recently shown signs of being: **In Heat** (last heat cycle) _____ / **Pregnant / No**
Increased risks are involved with these conditions, the veterinarian may decline scheduled procedures based on this

Yes, I APPROVE to proceed & I understand the increased risk involved along with additional costs
Initials

7. How long have you owned this animal? _____ Pet is: **indoors / outdoors / both**

8. Date of Last Vaccines: **No Vaccine history**

- Feline (Cat): FVRCP _____ Felv _____
- Canine (Dog): Distemper/Parvo/Hepatitis _____ Leptospirosis _____ Bordetella _____
- Rabies Vaccination or Current Rabies Certificate Required for all services:
 - Rabies Vaccine: _____, if not current this will be given at an **additional charge of \$16.50**
 - Cats Only - The Pure Vax Rabies Vaccine is strongly recommended by AFOWC to reduce the risk of Injection site sarcomas and granulomas. I, Initials, **APPROVE / DO NOT APPROVE** (circle one)
The use of this vaccine for my cat for an **additional charge of \$20.00.**

9. Date of Last Testing: **No Testing History** Heartworm Test (canine) _____ Felv/FIV Test (feline) _____

10. Currently on heartworm prevention? **Yes / No** Which Type: _____

11. Would you like to purchase heartworm prevention today? **Yes / No** Which Type: _____

I, _____, (circle one) **AUTHORIZE / DO NOT AUTHORIZE** Animal Friends of Washington County to post images of my pet to any social media site or website.
Owner / Responsible Agent

Please inform us prior to check-in of any vouchers being used with your payment
Please Note: Animal Friends does **NOT ACCEPT CHECKS**
Rabies Vaccination or Current Rabies Certificate Required for all Services

____ I approve ____ I Decline – Feline (cat) **Combo Test** \$36.00 (Test for Feline Leukemia & FIV)
Initials

____ I approve ____ I Decline - Canine (dog) **Heartworm Test** \$30.00
Initials

Initials ____ Yes, I APPROVE proceeding & understand the increased risk with anesthesia if my pet is heartworm POSITIVE.

Pre-Anesthetic Blood Panels Offered at Additional Cost: Not covered by Rescues or Vouchers

Initials

Why we recommend Bloodwork ...

Animal Friends Veterinarian – strongly recommends pre-anesthetic blood panels prior to surgery for all animal(s)

Your pet is scheduled for anesthesia and/or surgery. Before putting your pet under anesthesia, we will perform a physical examination. However, we recommend a pre-anesthetic blood profile to be performed in order that we may maximize patient safety and alert the doctor to the presence of issues such as, **but not limited to, anemia, dehydration, diabetes, kidney disease, or liver disease**, which could complicate the procedure.

The medications administered during surgery are metabolized by both the Kidneys (renal) and Liver (hepatic). The chemistry panels recommended can indicate if your pet's liver, kidneys, etc. are healthy and performing properly. An appropriate anesthetic protocol will be chosen, based on your animal's blood value results.

It is MANDATORY for animals 7 years of age and older to have a Comprehensive Pre-Anesthetic Blood Screening

____ YES: **I Approve - Pre-Anesthetic General Profile - \$65.00**

Ideal to screen young patients for safer anesthesia - *Comprehensive Profile*

Initials ____ YES: **I Approve - Comprehensive Pre-Anesthetic General Profile - \$89.00**

Ideal for adult / geriatric patients for safer anesthesia - *Comprehensive Profile with CBC*

*** Mandatory for animals 7 years of age and older**

Initials NO: I Decline Bloodwork I, _____, decline the recommended
Owner / Responsible Agent

Panel/Test at this time and accept the increased risk of complications and/or mortality and request that you proceed with anesthesia.

I understand without Pre-Anesthetic Blood work that a medical condition may exist which would be impossible to identify during a physical exam alone and that my pet's health could be at risk if such condition goes undetected when my pet is placed under anesthesia. I also understand there are always potential risks when using anesthesia or performing surgery and blood test do not guarantee safety.

I understand the attending veterinarian can decide on any pre-anesthetic blood work to be ordered for the safety of my animal prior to anesthesia regardless of the animal's age at my expense.



Elizabethan Collars

Collars range between \$4.25 - \$14.00

The clinic **STRONGLY** recommends Elizabethan Collars

Collars are used to prevent your pet from licking or traumatizing the surgical site.

YES 😊

Purchase an E-Collar

No 😞

Decline an E-Collar

I consent to these procedures and any additional costs



Pet Owners Signature

Veterinary Technician