

Low Cost Anesthesia Surgical Consent/Flea Treatment Notification

CLIENT: _____ PATIENT: _____ AGE: _____ DATE: _____

Below are services we offer to increase **anesthesia safety** and to amplify your pet's comfort after their surgery of dentistry. Some options below are recommended, but not required. Please feel free to discuss details of these services with the doctor or one of the technicians if you have questions.

Anesthesia

The Village Veterinary Hospital is one of the few veterinary hospitals in San Diego that offers Sevoflurane anesthetic. Sevoflurane is a smoother, faster acting anesthetic and does not readily lower the heart rate. It is the preferred anesthetic for high risk and debilitated patients. Sevoflurane is 5x the price of Isoflurane, the commonly used anesthetic.

Using Sevoflurane for your pet's surgery adds **\$40** to the cost of the surgery per animal. By checking the box allowing the doctor to perform the surgery and signing the back, you are agreeing to the possible increase in charges.

Pain Injection

When performing a surgical procedure on a patient, the doctor administers a pain killing injection to the animal. Please be advised that this injection costs an additional **\$53.35** and will be administered to **ALL** animals undergoing a surgical procedure. As a veterinarian, Dr. Morizi has taken an oath to protect and eliminate suffering to animals under her care.

Pre-Anesthetic Blood Test

In an effort to help decrease risk, we recommend pre-anesthetic blood testing for all pets. Chemical analysis of a small blood sample can give us information on a major organ function.

Yes, I request a pre-anesthetic blood test at \$229.50

No, I decline blood work

Intravenous Catheter with IV Fluids

An IV catheter allows timely administration of any medications needed during the procedure. IV fluids help maintain the blood pressure and kidney function under anesthesia, and also aid in a faster postoperative recovery.

Yes, I request the IV catheter for \$109.50

No, I decline the IV catheter

(Includes IV fluids at no charge)

Additional Services

Please take advantage of the additional services that we offer while your pet is under anesthesia. Check the box to add services.

Toenail Trim: \$19.80 Feline, \$22 Canine **Anal Gland Expression: \$25**

Microchip: \$65 with life Registration Fee **E-Collar: \$16.50 - \$37 depending on size**

FLEA NOTIFICATION: If we find fleas on your pet during their stay with us, we will administer a **Capstar** flea treatment pill at the owner's expense. Capstar flea treatment pills work by killing the fleas on your pet for 24 hours. We recommend putting your pet on a regular flea preventative. **By signing this document, you agree to pay for the medication expenses.**

During the procedure, the doctor may discover additional services that are required to resolve your pet's health issue. Every attempt will be made to contact you to authorize treatment of the recommended services. If you are unable to be contacted, the doctor has full authority to do what is best for the pet's health.

BEST phone number to reach you today: _____

The doctor can perform the flea treatments at their discretion

The doctor is not authorized to perform flea treatment services

If you need to pick your pet up at a certain time before 5:30pm, please indicate below. Surgery days are dedicated just to surgeries, and we complete them in an order based on difficulty, starting with the most difficult. If you do not indicate a necessary earlier pick up time below, the regular pick up time is between 5:30pm and 6:30pm. We will call you after your pet's surgery is finished to give you a time for pick up if it is earlier than 5:30pm. By signing this document, you understand the nature of surgery days. Thank you for understanding that due to unforeseen complications, your pet's surgery may be pushed back or rescheduled to a later time.

TIME FOR PICK UP: _____

I, _____, hereby consent for the doctor to perform the procedure with the additional services that I have requested on the previous page.

Signature: _____ **Date:** _____

Owner's Date of Birth: _____

(Required for a prescription of a controlled substance)

