

SURGICAL INFORMATION PACKET

Dear Client,

Your pet has been scheduled for an upcoming surgery in the near future. In our attempt to assist clients, we have put together this packet to make surgery day as easy and stress-free as possible.

In addition to this letter, you will find that the following information has been enclosed:

1. Surgery Authorization Form (**Bring in Day of Surgery**)
2. Pre-Anesthetic Blood Testing Form (**Bring in Day of Surgery**)
3. Cardiac Arrest Code Form (**Bring in Day of Surgery**)

Please read all the enclosed information carefully, sign and date all of the forms. You are not required to fill out patient information or surgery details, as a staff member will complete the form at the time of your drop off. If you have any questions, please feel free to call us at 609-465-9006.

We require a phone number(s) where you can be reached surgery day.

Failure to be reached on the day of the procedure may result in postponement of the surgery.

The night before your pet's surgery...

- **Withhold all food and treats after 6:00 pm.**
- **Withhold water after 12 am.**
- **If you are currently administering any medications, vitamins and/or injections, Withhold the morning doses unless otherwise instructed by the doctor.**

Please make arrangements for your pet to be dropped off on the morning of scheduled surgery between **8:15 am and 8:30 am**, unless other arrangements have been made in advance. At the time of drop off, our team will be happy to answer any questions or concerns you may have.

If any questions arise, the doctor may contact you at the number on the Authorization Form.

You are welcome to check up on your pet's status, however, we request that you allow plenty of time for your pet's procedure to be done. You will receive a phone call from a staff member with an update on your pet. At this time, we will be able to give you an idea when your pet may be discharged.

When you arrive to take your pet home, a staff member will go over all discharge orders verbally and give you a written copy. If you do not understand any instructions, please do not hesitate to ask them to go over them one more time.

We hope surgery day will be a pleasant experience. Remember, our team knows surgery can be an anxious time and we are always available to answer any and all questions concerning the upcoming procedure.

We look forward to serving you and your pet on the upcoming surgery day and years to come.

South Paw Animal Hospital, Inc.

Date: _____ Time: _____ Patients Name: _____

Last Name: _____ First Name: _____

Home Phone: _____ Work Phone: _____ Fasted: _____

Reason for Admission: _____

AUTHORIZATION FOR MEDICAL AND/OR SURGICAL TREATMENT

I hereby authorize the doctor on duty (and assistants the doctor may designate) to administer treatment considered therapeutically and/or diagnostically necessary on the basis of findings during the course of said evaluation. I also consent to the administration of such anesthetics and surgical procedures as are necessary.

I hereby certify that I have read and fully understand the above authorization for medical and/or surgical treatment, the reasons why the treatment is considered necessary, its advantages and possible complications if any as well as possible alternative modes of treatment, which are explained to me by the doctor. I assume financial responsibility for all charges incurred to patient and consent to release of medical information and authorize direct payment to South Paw Animal Hospital, Inc.

I understand that if I am not the owner of the animal, I will be held responsible for payment of any examination and/or treatment by South Paw Animal Hospital, Inc.

Signature of Owner or Responsible Agent

Signature of Witness

BLOOD TESTING PRIOR TO ANESTHESIA

Anesthesia, surgery and the subsequent healing process can be stressful to an animal's health, making him or her more prone to disease or postoperative complications. We want your pet to be as healthy as possible before any elective (non-emergency) procedures are performed. We require that your pet has had a physical assessment and negative fecal analysis no more than three months prior to surgery and that all vaccinations be current. Dogs must have had a negative heartworm test within the last year and be currently medicated with heartworm preventive. Cats must have had a negative leukemia and FIV test.

A pre-surgical blood test will be performed before your pet undergoes anesthesia. This blood test is used to determine if your pet's metabolism is functioning properly, something that cannot be determined by a physical assessment. If your pet's metabolism is not functioning properly, the doctor may want to postpone the surgery because of the increased risk of complications. The cost of performing the pre-surgical blood test is \$75.90.

If your pet is six (6) years or over, the doctor may request a full blood profile, or QBC/Chemistry profile be done prior to surgery. The cost of performing this blood test is \$136.95.

Client Name _____ Patient Name _____

Date of Surgery _____ Type of Surgery _____

Signature _____ Date _____

CARDIAC ARREST CODE SELECTION

In the event that your pet should suffer a cardiac arrest while in the hospital, it is imperative that the doctor and staff are aware of your wishes in reference to resuscitative efforts.

Please choose one of the following options.

_____ **DO NOT RESUSCITATE**—in the event of a cardiac arrest, no resuscitation will be attempted.

_____ **YELLOW CODE**—the animal will be intubated, emergency drugs given and CPR performed. The chest will not be opened for cardiac massage.

_____ **GREEN CODE**—the animal will be intubated, emergency drugs given and CPR performed. If medically appropriate, the chest will be opened for cardiac massage.

client signature

date

South Paw Animal Hospital, Inc.