Edmonton West Animal Hospital & Spay/Neuter Centre

9962 170 St NW, Edmonton, AB (780) 488-0124

SURGICAL INFORMED CONSENT FORM

Surgical procedure: _____ Pet's name_____

Pet parent's first name_____ Last name _____

Best number to reach you at today _____ Secondary phone number _____

Last meal time: _____ Last drink time:_____ Other medications/concerns:_____

PLEASE READ AND *INITIAL* IN FRONT OF EACH APPLICABLE STATEMENT IN THE SPACE PROVIDED

_____ I, the undersigned, owner or responsible party of the admitted patient, hereby authorize the veterinarians of the Edmonton West Animal Hospital & Spay/Neuter Centre (and whomever they may designate as assistants) to administer such treatments as necessary, and to perform surgical procedures and additional procedures as are therapeutically and/or diagnostically necessary as indicated by findings during medical evaluation. Since general anaesthesia or sedation is required in these surgical procedures, I understand and accept that there are always inherent surgical and/or anesthetic complication risks, including death of the patient.

The following options can help to reduce the risk associated with anaesthesia and maximize patient safety. We highly recommend these measures for every patient having a surgical procedure.

Pre-anaesthetic blood screen: *the risk of anaesthesia complication is higher in animals with health problems. We recommend pre- anaesthetic blood screen for every patient having a surgical procedure. This checks for subclinical disease (hidden problems) not apparent on physical examination. On the basis of this blood work we can tailor your pet's anesthetic, pain management and recovery protocols to her/his individual needs. The fee for pre-anaesthetic blood screen is $100.00.*

Please initial **one** of the following statements below:

_____ I authorize pre-anaesthetic blood screen

OR

_____ I don't authorize pre-anaesthetic blood screen and accept the inherent associated risks

Intravenous fluids (Drip): *Intravenous (IV) fluids are very important for all procedures that require general anaesthesia. Administration of IV fluids helps your pet recover more quickly from anaesthesia, maintains blood pressure, and increases circulation during anaesthesia. It also allows rapid administration of drugs should an emergency arise and can save vital time in the rare event of an anaesthetic complication. To place an IV catheter and fluids it is necessary to clip or shave hair from the site (forearm or back legs). The fee for placing an intravenous catheter with fluids is $60.00.*

Please initial **one** of the following statements below:

_____ I authorize IV fluids

OR

_____ I don't authorize IV fluids and accept the inherent associated risks

****PLEASE READ THE FOLLOWING STATEMENT ONLY IF YOU DECLINED INTRAVENOUS FLUIDS:**

Intravenous catheter: *If you declined IV fluids, we STRONGLY recommend placement of an intravenous catheter. The intravenous catheter allows rapid administration of drugs should an emergency arise and can save vital time in the rare event of an anaesthetic complication.The fee for placing only an intravenous catheter without fluids is $30.00.*

Please initial **one** of the following statements below:

_____ I authorize placement of IV catheter

OR

_____ I don't authorize placement of IV catheter and accept the inherent associated risks

In cases where further work is required and is of non-emergency nature (non-life threatening), every attempt will be made by the doctor/staff to contact the owner by phone to discuss the case. Please be aware that if you decline any needed procedures at this time, or, we are unable to reach you within 5 minutes, your pet would need a second anaesthesia at another time in order for those procedures to be performed.

_____ Once the case has been discussed and verbal consent has been obtained, I understand and accept the nature of the procedure(s) that the Doctor in his/her professional judgment deems necessary and desirable, and grant authority for the purpose of remedying conditions that are not known at this particular time but which may become evident while the patient is in hospital. However, I understand that if efforts are unsuccessful to contact me at the phone numbers provided, no additional work will be performed and may have to be completed at a later date.

_____ I understand and accept that if my pet requires overnight hospitalization, there is no overnight staff on duty after the hospital closes, and that my pet will be attended to the following morning.

PLEASE READ AND *INITIAL* THE FOLLOWING *ONLY* IF YOUR PET IS GETTING SPAYED OR NEUTERED

_____ I understand that there will be additional fees in surplus of the base surgical cost of spay/ neuter, if my animal is:

Cryptorchid (absence of one or both testes from the scrotum) - cost $150

In heat - cost $40 Pregnant: up to 6 weeks - cost $80 more than 6 weeks - cost $250

_____ If my pet is found to be pregnant or in heat, I understand that I will not be contacted during the procedure, and I authorize the doctors of Edmonton West Animal Hospital to proceed with the spay surgery. I assume full responsibility for the above fees associated with this patient.

_____ I acknowledge that I have read and understood the attached spay/neuter dismissal instructions.

Optional but recommended services: please initial under each column which options you authorize

Options	Cost	I authorize	I do not authorize
Additional pain medication (3 days recommended)	**$7-$12 per day - Based on size of your pet**		
E-collar (cone)	**$15-$40**		
Microchip	**$45**		
Vaccines	**$25 per vaccine**		
Nail trim ($20 value)	**FREE**		

If you wish to take your pet to a board certified veterinary surgeon, there is only one clinic in Edmonton, Guardian Veterinary Centre, where they work on a referral basis. Do not initial the following blank and inform a staff member if you wish to be referred.

_____ I hereby certify that I have read and fully understand the above authorization for medical and/ or surgical treatment. I am aware that Edmonton West Animal Hospital does not employ any board certified surgeons, and authorize the general certified veterinarians of this facility to perform the above surgical procedure on my pet. I also certify that the procedure has been explained to my satisfaction, and that no guarantee or assurance has been made regarding the results that may be obtained. I acknowledge that any post-surgical or post-anesthetic complications may require additional veterinary care or medications. Further, I assume full financial responsibility for all charges incurred to this patient.

Total estimated fee: _____plus GST Date_____

Pet Parent Signature: _____

DVM/RVT initials: _____