Brook-Ellis Pet Hospital

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Anesthesia/Sedation and Life Support Consent Form

Consent for Surgery and Critical Care Life Support Directive

Purpose of Admission

☐ Ovariohysterectomy/Ovariectomy (spay)

☐ Orchiectomy (neuter)

☐ Mass Removal (please indicated location on body map below)

☐ Anesthetic Dental/COHAT

☐ Specialist Surgery (TPLO, FHO, etc.)

☐ Other (indicate below):

PLEASE NOTE: Following sterilization procedures (i.e., spay or neuter), it is standard practice at our clinic to place an about 1/2 to 1 inch (depending on patient size) long green superficial line near the surgical incision to indicate that they have been surgically sterilized (except in male cats and rabbits, where it is placed just below the belly button). This is in compliance with recommendations from the American Society for Prevention of Cruelty to Animals (ASPCA) and the Association of Shelter Veterinarians (ASV) to prevent unnecessary testing and surgical procedures should your animal's reproductive status ever be in question, such as if you lose their spay/neuter certificate or they end up in an animal shelter. This incision is very superficial (think similar to a paper cut) and will scab over and heal without intervention or suture placement; please do not pick at the scabs or apply anything to it. It will be virtually unnoticeable once the fur grows back unless you are specifically looking for it. If you have any questions or concerns about this practice, please speak with our customer service representatives at intake.

Phone number where you or another authorized agent can be reached TODAY:

When was {PATIENT NAME}'s last meal?

CURRENT MEDICATIONS: Please list all medications and supplements (you may select more than one) your pet is currently on, AND when they were last given in the box below.

☐ Bravecto/Simparica Trio/Revolution(Selarid)/other flea, tick or heartworm prevention?

☐ OTC Supplements or herbal treatments (please indicate below)

☐ Prescription medications (please indicate below)

☐ No preventatives. medications, or supplements

☐ Other (please indicate below)

FLEA POLICY: For the protection of your pet(s) and others in the hospital, if {PATIENT NAME} has live fleas or flea dirt present, it is the policy of Brook-Ellis Pet Hospital to administer a single dose of Capstar which eliminates fleas for 24 hours at the client's cost ($20). If {PATIENT NAME} is on flea control, please list this medication and when it was last given in the box above. Your initials below indicate you understand and agree to this policy.

PRE-ANESTHETIC BLOODWORK: Pre-anesthetic bloodwork is required prior to surgery if not performed within the last month. Exceptions are made only at the individual surgeon's discretion. The cost is $165 to perform these labs in house. They do NOT include urinalysis, thyroid testing, or any other specialized testing. Check below if you understand and consent to us performing pre-anesthetic labwork.

- ○ I understand and consent to pre-anesthetic bloodwork if not recently performed.

DENTAL EXTRACTIONS: If your pet is having a dental procedure today, do you consent to having the doctor extract any teeth if deemed medically necessary?

- ○ YES - I consent to any medically necessary dental extractions. I understand that this may exceed the provided estimate.
- ○ NO - Only perform dental extractions up to the high end of the provided estimate. If additional extractions will go over this limit, please call me at the above phone number to discuss.
- ○ NO - I do not consent to ANY dental extractions without additional verbal approval via contacting me at the above number. I understand that if Brook-Ellis Pet Hospital attempts to reach me regarding additional medical treatment such as extractions and I am not available, the rest of the procedure will continue without medically necessary treatments and performing those additional treatments will require an additional anesthetic procedure.
- ○ N/A - My pet is not having a dental procedure today.

CHEST RADIOGRAPHS: chest radiographs are recommended for all pets with a history of heart issues, and for animals over the age of 5 years, prior to surgery. Please select below if you would like us to perform pre-operative chest radiographs ($275) for {PATIENT NAME}.

- ○ YES - please perform pre-operative chest radiographs on my pet.
- ○ NO - I decline pre-operative chest radiographs on my pet.

MICROCHIP: If {PATIENT NAME} is not already microchipped, please microchip them today with HomeAgain microchip

(additional $60, includes lifelong registration). DID YOU KNOW? Microchipped dogs are returned to their owners about 52% of the time, while non-microchipped dogs are returned only about 22% of the time. The return rate for microchipped cats is around 38%, compared to a mere 2% for non-microchipped cats.

- ○ YES - please implant a HomeAgain microchip today
- ○ NO - I decline microchip implantation
- ○ N/A - My pet already has a microchip

Additional items - Is there anything else we can do for your pet today?

- ☐ Please trim my pet's nails under anesthesia
- ☐ Please do NOT trim my pet's nails under anesthesia
- ☐ Please biopsy any tumor or growth found today (additional fees apply)
- ☐ Clean ears (simple, does not include Dr. exam))
- ☐ Express anal sacs
- ☐ I need refills on medications for my pet (please indicate below)
- ☐ Other (please indicate below)

Brook Ellis protocol when pets stay with us for the day is to place blankets or towels in with them. Does {PATIENT NAME} have a tendency to eat or chew on blankets or towels?

LifeSupport Directive Response

- ○ GREEN - CPR
- ○ RED - DNR

Life Support Directive

All patients treated by this hospital are required to have a Cardiopulmonary Resuscitation (CPR) or Do Not Resuscitate (DNR) code. Likely, you will not need this information, but as is common practice in human medicine, we would like you to think about how you would like us to proceed in the unlikely event of an emergency. CPR is the resuscitation of an animal that has stopped breathing or whose heart has stopped beating. Animals that survive cardiopulmonary arrest and have been successfully resuscitated (CPR) are extremely critical and unstable. The likelihood of re-arrest is HIGH and usually occurs within 4 hours of the initial arrest.

The chances of long term "normal" survival is extremely low and may be as little as 1%.

Management of the post-arrest patient requires vigilant monitoring and the technical expertise of dedicated critical care personnel at a specialty hospital. The care is costly, and the outcome is uncertain.

Please select one of the choices below. If you have additional questions, please ask a staff member.

GREEN - CPR - I wish the staff to perform closed-chest CPR (resuscitation) on my pet if my pet suffers from cardiac or respiratory arrest. I understand that my pet may not respond to CPR and may die despite CPR. I also understand that if my pet responds to CPR it is likely that he/she will arrest again. I acknowledge that the initial cost of CPR is $200-$400 and that for necessary aftercare, I will transfer my pet to a specialty critical care monitoring hospital that could cost thousands more. I understand that the cost could substantially exceed this estimate. I understand payment will be required either during my absence or immediately upon my return. I accept this financial responsibility and agree to pay for all services rendered. I understand that the staff will contact me immediately upon the initiation of CPR

and if I am not available will proceed at the discretion and under the direction of the attending veterinarian until I can be reached.

RED - DNR - I DO NOT want CPR performed on my pet. I understand that if my pet suffers from cardiac or respiratory arrest, my pet will die. I have elected to have a DNR (Do Not Resuscitate) order placed on my pet's record. I understand that even in this unlikely event, payment will be required for services rendered prior to my pet's arrest. I accept this financial responsibility and agree to pay for all services rendered.

Initial here to confirm you have read the CPR/DNR information.

_____

Financial Information

○ I am aware of the financial estimate for today's services. I consent and wish to proceed.

_____

Anesthesia consent:

I, _____ the undersigned owner of, agent of the owner of, or Good Samaritan responsible for seeking veterinary care for the patient, consent to the examination of the pet by staff veterinarians at Brook Ellis Pet Hospital. I also agree that after consultation with me, if requested, the hospital's doctors may prescribe medication for, treat, hospitalize, sedate, anesthetize, and/or perform surgery on my pet. I understand that some risks always exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian or a staff member before the procedure is initiated. Should unexpected life-saving emergency care be required, and the attending veterinarian is unable to reach me, the hospital staff has my permission to provide such treatment, and I agree to pay for such care. To screen for problems not readily apparent during physical examinations, the hospital recommends that blood panel tests and presurgical chest radiographs be performed on all pets that will be anesthetized. I understand that an estimate of the fees for veterinary services will be provided to me at my request and that I am encouraged to discuss all fees related to such care before services are rendered and during my pet's ongoing medical treatment. If my pet is hospitalized, I agree to pay a deposit of 100% of the estimated fees. I agree to assume financial responsibility for the remaining fees and will provide payment at the time my pet is discharged from the hospital. In the event my pet is hospitalized for more than 48 hours, and the attending veterinarian is unable to reach me, I understand it is my responsibility to call the hospital at least every 48 hours to inquire as to the medical status of my pet and the fees incurred for medical services up to that day. I understand that veterinary care during nighttime hours, some daytime hours and/or weekends is provided at the discretion of the attending veterinarian in charge. **Continuous presence of personnel will not be provided outside of business hours**. I further agree that I, or an authorized agent of mine, will pick up my pet and pay for all accrued charges within five days of receiving written or oral notification that my pet is ready to be released from the hospital. Such notice will be given at the address maintained on the hospital's patient/client record. I agree that if I fail to comply with this policy, this practice may handle this abandonment in a manner that is in the best interests of the pet and the hospital.

Owner/Agent Name **Date**

Owner/Agent Signature