

SURGERY CONSENT

**Carleton Veterinary Services
North Gower ON KOA 2T0
613.489.2525**

**NAME:
ADDRESS:
PHONE:**

**PET:
COLOUR:
BREED:
BIRTHDAY:**

DATE:

I, _____, owner of _____,
consent to _____.

I agree to be responsible for any cost incurred in clinic. I also am aware that payment is required before discharge of _____.

Like you, our greatest concern is the well being of _____.

Before putting _____ under anesthesia, we will perform a full physical exam and would like to offer you as well a blood analysis. This blood work gives us more information on the general health of _____ that can't be determined during a physical exam. These tests are similar to the tests your own doctor would run were you to undergo anesthesia. Such tests are important before any kind of surgery, and may uncover underlying diseases.

For all these reasons, we highly recommend blood screening before a general anesthesia. The total cost for these important tests is \$59.

Our lab is fully equipped and our staff are trained to perform these important tests. Results will be immediately available to examine before anesthesia and surgery.

PLEASE INDICATE YOUR CHOICE:

_____ YES, I want _____ to have pre-op blood test

_____ NO, I do not want _____ to have pro-op blood work

SIGNED _____ **DATE** _____

EMERGENCY CONTACT NUMBER DURING SURGERY: _____

Home-Care Instructions

Client _____ Patient _____
Admission Date _____ Discharge Date _____
Procedure or Diagnosis _____

Proper Restraint Please protect your pet when leaving the clinic by using a leash or carrier

Medications None dispensed
 Dispensed-directions attached
 Start Medications _____

Food and Water Only small amounts of food and water should be offered _____
 Normal feeding may resume _____
 Feed you pet per his/her regular diet.
 Feed multiple small meal _____ times per day.
 Special Diet _____
 Offer water with no restrictions.

Exercise May resume normal activity in _____ day(s).
 Confine indoors. Take outside on leash only for elimination for _____ days(s).
 Strict confinement to cage or small room for _____ day(s).
 No running, jumping or access to stairs.

Sutures Do not allow your pet to lick or chew at surgery site. Please check the incision site twice daily for any swelling, redness or discharge. If it appears irritated or infected please notify us.
 Sutures removed in _____ days, between 1-5pm Monday-Friday
 Sutures are absorbable and do not need to be removed.
 No sutures.

Follow-up Instructions Recheck in _____ day(s). Your appointment is _____
 We will call your for a progress report in _____ day(s).
 Follow-up test(s) due in _____ day(s). Your appointment is _____
 No recheck or follow-up required.

Monitor Notify the clinic if any of the following occur. Phone number 489-2525

• Loss of appetite for more than 2 days	• Excess drainage from incision
• Pain	• Difficulty getting up or down
• Sutures come out	• Vomiting
• Discharge from eyes, ears, nose	• Diarrhea
• Straining to urinate or defecate	• Swelling
• Change in breathing	• Abnormal odours
• Refusal to drink water for more than 1 day	• Weakness
• Chewing, licking or scratching sutures	• Depression
• Other _____	

Special Instructions _____
After Hours Contact _____

Client Signature _____ Vet/Technician Signature _____