

PET CARE ASSOCIATES

5250 Hog Mountain Road
Flowery Branch, GA 30542

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OWNER NAME _____ DATE _____

PET NAME _____

PROCEDURE(S) TO BE PERFORMED _____

PHONE NUMBERS WHERE YOU CAN BE REACHED TODAY:

HOME _____ WORK _____ CELL _____

SURGICAL CONSENT AND TREATMENT AUTHORIZATION

I authorize the use of anesthetics, diagnostic procedures and treatment procedures as deemed necessary for the safety and well being of my pet. I realize the procedure(s) carry a small but realistic possibility of side effects, complications and even death. I understand the procedure(s) to be performed and accept full financial responsibility for all procedures and for any life saving measures that may be used. I acknowledge that no guarantee has been made as to the results of the procedure. I will not hold the doctors or staff financially responsible for any unavoidable or incidental consequences of the procedure.

Signature _____

PRESURGICAL EVALUATION

All surgical patients will be examined and evaluated for health concerns prior to any surgical procedure(s). This will include a physical examination and blood laboratory diagnostics. If any concerns arise from this examination, you will be notified prior to surgery. A delay of the procedure(s) may be necessary if further testing is needed or we are unable to contact you.

All patients over seven (7) years of age or with questionable health concerns are required to have a complete blood chemistry profile prior to the procedure being performed.

INTRAVENOUS FLUIDS

Research has shown that patients receiving injectable and gas anesthetics often fail to maintain adequate circulation. Failure for the blood to flow adequately during these procedures may increase immediate or long term consequences. Intravenous catheterization with fluid administration will minimize these risks.

PAIN MEDICATION

Post surgery pain medication most often will be administered to surgical patients. This medication gives comfort and helps improve anesthetic recovery time.