



SURGICAL RELEASE FORM

Owner's Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Email _____

Pet Type _____
 Sex: M F Breed _____
 Color _____ Age _____
 Date _____

Pet Health Insurance Carrier _____

Phone number where you can be reached today:

Work _____ Cell _____ Other _____

In case we are unable to contact you, please give emergency contact:

Name _____ Phone _____

Please Answer The Following Questions. Thank You!

Procedure to be performed today: Spay Neuter Declaw Dental other:

When was the last time your pet had anything to eat or drink?

During this procedure, your pet will be under general anesthesia. While we use the safest anesthesia agents available, it is essential to screen your pet, pre-surgery, for potential health risks. The following pre-operative screening procedures are mandatory to help ensure the safety of your pet.

<u>For Clinic Use Only</u>	<u>Do Not Fill In</u>
Pre-surgical ECG	Date ____/____/____
Pre-surgical Blood Profile	Date ____/____/____
Pre-surgical Complete Blood Count	Date ____/____/____

I, the undersigned, certify that I am the owner or duly authorized agent for the owner of the pet described above and accept full financial responsibility. *Professional fees are due at the time of patient release.*

I authorize Animal Avian Hospital of the Village (AAHV), its agents and representatives to perform surgical procedures and pre-operative screening described above and to perform any other procedure that, at the doctor's discretion, may be useful to promote the health of my pet. I have been advised as to the nature of the surgery and /or procedures and the risks involved. I acknowledge that results cannot be guaranteed.

I am aware all reasonable care will be taken by AAHV for the safe treatment and return of my pet. I release Animal Avian Hospital of the Village, Dan Jordan DVM, AAHV agents and representatives from any and all liability.

All pets hospitalized must be current on all vaccinations. If documentation cannot be provided or verified, I understand my pet will be vaccinated at the owner's expense. Any pet brought into the clinic with internal or external parasites, will be treated at the owner's expense.

I have read and understand this authorization and consent.

Signature of Owner / Agent _____ **Date** _____

Print Name _____

Witness to above signature _____ **Date** _____



HISTORY FORM

Owner's Name _____ Pet's Name _____

Current medications? Yes No

Medication name	Quantity	Times given per day	Reason

Allergic to any drugs? Yes No

If yes, what drugs? _____

Seizure history and/or previous anesthetic problems? Yes No

If yes, explain _____

Past illnesses or traumatic events? Yes No

If yes, when, and were medications or surgery required _____

Change in weight? Yes No

weight - gain or loss	how many pounds	time period

Decreased or increased water consumption? Yes No

Decreased or increased food consumption? Yes No

If yes, explain _____

Current diet _____ Change in food? Yes No

If yes, explain why and when _____

Change in bowel movements? Yes No

If yes, explain. Firmer Softer Less frequent More frequent Other _____

Change in activity level or attitude? Yes No

If yes, explain _____

Pre-op Exam: Temp: _____ Weight: _____

- | | |
|--------------------------|---|
| Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> Eyes Normal |
| <input type="checkbox"/> | <input type="checkbox"/> Ears Normal |
| <input type="checkbox"/> | <input type="checkbox"/> Teeth Normal |
| <input type="checkbox"/> | <input type="checkbox"/> Deciduous Teeth Present? |
| <input type="checkbox"/> | <input type="checkbox"/> Skin Normal |
| <input type="checkbox"/> | <input type="checkbox"/> Heart Normal |
| <input type="checkbox"/> | <input type="checkbox"/> Respiration Normal |

- | | |
|--------------------------|--|
| Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> Fleas Present? |
| <input type="checkbox"/> | <input type="checkbox"/> Rear Dewclaws Present? |
| <input type="checkbox"/> | <input type="checkbox"/> Umbilical Hernia Present? |
| <input type="checkbox"/> | <input type="checkbox"/> 2 Testicles |
| <input type="checkbox"/> | <input type="checkbox"/> In Heat/Pregnant |
| <input type="checkbox"/> | <input type="checkbox"/> Nails Need Trimming |

Admitting Tech Initials _____



PRESURGICAL REQUIREMENTS FOR HOSPITAL ADMISSION

DOGS AND CATS

- Must be current on all required vaccinations.
 - Dogs: Rabies, DHLPP, Parvo, Bordetella
 - Cats: Rabies, FVRCP
- No food or water after 12:00 PM the evening before surgery.

EXOTICS

- Small mammals and birds are generally not fasted before arrival to hospital due to their rapid metabolism. If you have questions regarding your exotic pet, please call AAHV at 713-524-3800.
- Ferrets: Must be current on all required vaccines.
 - Rabies and Distemper

CHECK IN TIME FOR SCHEDULED SURGERIES

All pets should arrive at the hospital between 7:00AM and 11:00AM. Pets arriving after 11:00AM will not be admitted for surgery that day, unless arrangements have been made in advance.

SURGERY FORM

Any scheduled surgery will be thoroughly explained in advance. **Pre-surgical blood work, exam and ECG are required.** This helps to determine if there are any underlying internal infections, illness or congenital defects. A procedure might be delayed or modified based on these findings. An undetected problem could lead to negative consequences or death. Ideally blood work should be done one to several days before the procedure. If this is not possible, blood work can be preformed in the hospital the day of the procedure.

The "Animal Avian Hospital of the Village Surgery Release Form" needs to be read entirely and signed, prior to surgery.

HISTORY FORM

A completed history form needs to be submitted prior to your pet's admission or with the surgical release form.

PATIENT RELEASE

All clients will receive post surgery instructions explaining post surgical care for their pet upon release. Release time varies depending on the nature of the surgery.



ANIMAL AVIAN HOSPITAL OF THE VILLAGE SURGICAL STANDARDS

SHOULD YOU BE CONCERNED ABOUT SURGERY?

Surgical procedures, anesthetic protocols, and supportive care can vary a great deal among veterinary practices. We've outlined Animal Avian Hospital of the Village procedures that we think are important for your pet's well being, these listed procedures are standard practice in all AAHV surgeries.

PRE-OP SCREENING

To better assess the health of your pet – a history form must be filled out. A physical exam, pre-op blood and heart screening are performed. A **comprehensive, physical exam** is performed on all patients before surgery.

A **CBC** (complete blood count) indicates that your pet has adequate platelet's for blood clotting, adequate red and white blood cells for tissue oxygenation, and helps detect signs of infection not found by physical exam alone.

Blood Chemistries check kidney, liver and pancreas function. These vital organs maintain your pet's stability during surgery and helps with post surgical healing.

An **ECG** (Electrocardiogram) is one indicator of life threatening heart arrhythmias that can be present before or during surgery.

PRE-OPERATIVE PAIN MEDICATION

Pain medication has been shown through research to be more effective if given prior to pain. To help your pet be as comfortable as possible, pain medication is given prior to surgery.

SURGICAL TABLE

A warm-water circulating heating pad is used to help maintain your pet's comfort and core body temperature, which tends to drop during anesthesia.

TRACHEAL INTUBATION

Tracheal Intubation is the placement of a sterilized, plastic tube into the trachea (wind pipe) of your pet. It allows direct access for oxygen to be delivered to the lungs, without obstructions. Tracheal intubation keeps the glottis or "voice box" from spasming or closing during surgery and prevents vomit (sometimes occurs during anesthesia) from being inhaled into the lungs.

OXYGEN DELIVERED DURING SURGERY

Respirations are depressed during anesthesia, blood pressure may drop, and the heart may slow down. All of these compromise the body's ability to deliver vital oxygen to the tissues of the body. Supplemental oxygen greatly reduces the changes of intraoperative death and postoperative complications.

POSITIVE PRESSURE VENTILATION

Respiratory rate and depth is depressed during anesthesia. A machine is used on all surgeries to breathe for your pet. We do not leave adequate breathing or an undetected, obstructed airway to chance!

ISOFLURANE GAS ANESTHESIA

Isoflurane gas anesthesia is one of the most advanced, safe gas anesthetics available that have little to no side effects and a reduced anesthetic recovery time. AAHV uses Isoflurane, as it's standard anesthesia for dogs and cats.

SEVOFLURANE GAS ANESTHESIA

Sevoflurane gas anesthesia is recommended for anesthetic sensitive exotics and some dogs and cats. AAHV uses Sevoflurane, as it's standard in exotics and anesthesia for selected dogs and cats. The recovery time with Sevoflurane is even faster than Isoflurane.



SECURED PREOPERATIVE INTRAVENOUS CATHETER

As a safety precaution, a catheter is placed before anesthesia. Occasionally, a pet may start to have complications during anesthesia, and life-saving drugs or fluid may need to be administered intravenously.

ANESTHETIC MONITORING EQUIPMENT

During surgery your pet is monitored with equipment to detect ECG, blood oxygen level, pulse, blood pressure, and core body temperature. The monitors immediately detect heart arrhythmias, low blood oxygen levels, abnormal heart or respiratory rates, and fluctuations in blood pressure and body temperature.

VETERINARY TECHNICIAN

During surgery, the technician monitors your pet's vital signs under various depths of anesthesia using the above-mentioned equipment along with extensive, individual training and experience.

STERILE INSTRUMENTS

Our surgical instruments are cleaned thoroughly and autoclave sterilized to eliminate the possibility of bacterial contamination.

POST-OPERATIVE RECOVERY

All pets are monitored post surgery until fully alert and oriented.

POST-OPERATIVE PAIN MEDICATION

Although we try to minimize post surgical discomfort, some pain is to be expected. Pets have a varied postoperative pain response. Some demonstrate minimal discomfort, while others may show extreme pain response. Based on your pet's symptoms, over the counter pain medication may be given or as doctor directed, prescription pain medication may be sent home upon your pet's release.

POST-OPERATIVE RECHECK EXAMINATIONS

Postoperative exams are inclusive as needed. Many people are unfamiliar with pet post surgical recovery and the wide variety of recovery responses. We encourage our clients to schedule a recheck with the veterinarian or technician to ensure healing is occurring as anticipated.

SUTURE REMOVAL

Suture removal, if necessary, is included in the surgical cost.