 Feline Wellness Center

**Surgery/Anesthesia Information**

Client Name: Pet’s Name:

Your pet will receive a thorough physical examination prior to any procedure or surgery. We also perform pre-anesthetic laboratory tests to help minimize potential risk and make the best decisions before administering general anesthesia. These blood tests allow us to discover sub-clinical infections, inflammatory processes, anemia, and platelet disorders. Liver and kidney function are also evaluated to ensure adequate excretion of anesthetic by-products. Results will be immediately available before anesthesia and/or surgery.

We are committed to providing the highest level of care for your pet which includes continuous monitoring of pulse rate, respiratory rate, temperature, blood pressure, and blood oxygenation. Once the surgical procedure is complete, our patients are transferred to a recovery cage which includes a heating pad and warm blankets. We will contact you (at the number listed below) once the surgery is complete and your pet is in stable condition in the recovery unit.

To help alleviate pain and discomfort associated with your pet’s surgical procedure, we incorporate pain-controlling medication into our protocols. We strive to ensure that your pet is as comfortable and pain free as possible.

We recommend that all surgical patients receive therapeutic post-operative **Companion laser treatment**. The focused beam of light helps to promote healing and decrease inflammation, leading to less pain and a quicker recovery. The cost for this procedure is $26.00.

**\_\_\_\_\_ Yes, I would like my pet to receive post-op laser therapy. \_\_\_\_\_ No, I do not want my pet to receive post-op laser therapy.**

The leading cause of death for our pets is getting lost without identification. The Nanochip is a microchip, the professional and modern way to identify your pet, and is proven to be safe and effective. It offers real protection that can’t fade or fall off. The cost of **NanoChip** is $15.00

**\_\_\_\_\_ Yes, I would like my pet protected with NanoChip. \_\_\_\_\_ No, I do not want my pet protected with the NanoChip.**

**Anesthetic/Surgical Consent**

I authorize the use of appropriate anesthetic and medication as are deemed necessary for the treatment of my pet.

I further understand that there are certain risks involved with all types of anesthesia and procedures. I acknowledge that no guarantee has been made as to the results that may be obtained. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **will be the procedure performed on my pet.**

I assume full financial responsibility for all charges incurred relating to my pet’s treatment and care. I understand that payment in full is due at the time my pet is discharged.

**Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone number where I can be reached today**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_