

SURGERY/PROCEDURE CONSENT FORM

Bollinger County Veterinary Services

<first-name> <last-name>

<Date>

Cat's name: <animal>

Has <animal> been exposed to toxins or chemicals or been sick in the past 2 weeks?

YES/NO If Yes please explain _____

I hereby consent and authorize the performance of the following procedure(s):

I understand that the doctors and staff will use all reasonable precautions against injury, escape or death of my pet and I will not hold the doctors and staff responsible under any circumstances. I understand that I assume all risks.

I understand that anesthesia carries some risk (even though it may be small). Therefore, blood testing is recommended before general anesthesia. The anesthetic agent is removed from the body by the liver and kidneys, so it is important to know before anesthesia that these organs are functioning at 100%. Blood work helps us make this determination and is required in all pets 8 years and older.

Please initial one of the following:

I accept the Pre-Anesthetic Lab Work (\$42.75) ___ with CBC (\$67.00)

I decline the Pre-Anesthetic Lab Work _____

While under anesthesia it is an opportune time to do other procedures. I authorize the following additional procedures for my pet:

Please circle Yes or No concerning additional procedures

- Ear cleaning.....Yes or No.....12.00
- Microchip ID.....Yes or No.....49.50
- Nail Trim.....Yes or No.....8.00
- Dental cleaning/treatment.....Yes or No.....50.75
- Fecal (Intestinal Parasites).....Yes or No.....13.25
- Feline Leukemia Test.....Yes or No.....46.75

We highly recommend that your cat receives pain medication before and after surgery.

Would you like <animal> to have pain medication today (\$27.00)

Yes or No

All charges, including boarding costs, shall be paid upon release.

After carefully reading the above, I have signed in agreement.

_____ Phone # _____

Bollinger County Veterinary Services
Dr. Liza Jones, Dr. Colleen Retz
613 Broadway/ P.O. Box 920 Marble Hill, MO 63764
Surgical/Anesthesia Report

<date>

Patient ID#: <number> Patient Name: <animal> Owner: <first-name> <last-name> Address: <address> Doctor: _____ Tech.: _____ Weight: _____ Age: <age-name>	Patient Notes: T: ____ P: ____ R: ____ Procedure: _____ External Parasites:(circle) Ticks Fleas Treatment for Parasites: _____ <input type="checkbox"/> IV Fluids <input type="checkbox"/> SQ Fluids Type: ____ Rate: ____ Total Volume: ____																				
Premedications: Ketaset:(100mg/ml) ____cc Route: ____ Rompum:(100mg/ml) ____cc Route: ____ Acepromazine:(10mg/ml) ____cc Route: ____ Propofol:(10mg/ml) ____cc Route: ____ Dexdomitor:(.5mg/ml) ____cc Route: ____ Antisedan:(5mg/ml) ____/____/____ Mask with Isoflurrane: _____ Other: _____: Time premeds were given: _____ Intubation: _____(initials)Time: _____ Size: ____	Monitoring: <table style="width: 100%; text-align: center;"> <tr> <td></td> <td>Pre</td> <td>During</td> <td>Post</td> </tr> <tr> <td>Temp.:</td> <td>____/____/____</td> <td>____/____/____</td> <td>____/____/____</td> </tr> <tr> <td>ECG:</td> <td>____/____/____</td> <td>____/____/____</td> <td>____/____/____</td> </tr> <tr> <td>SPO2:</td> <td>____/____/____</td> <td>____/____/____</td> <td>____/____/____</td> </tr> <tr> <td>Other:</td> <td>____/____/____</td> <td>____/____/____</td> <td>____/____/____</td> </tr> </table> Heated Water Bottles: Yes or No (circle one)		Pre	During	Post	Temp.:	____/____/____	____/____/____	____/____/____	ECG:	____/____/____	____/____/____	____/____/____	SPO2:	____/____/____	____/____/____	____/____/____	Other:	____/____/____	____/____/____	____/____/____
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Temp.:	____/____/____	____/____/____	____/____/____																		
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SPO2:	____/____/____	____/____/____	____/____/____																		
Other:	____/____/____	____/____/____	____/____/____																		
Start Time: O2 ____ ISO ____ Surgery ____ Stop Time: O2 ____ ISO ____ Surgery ____	Post-Op Monitoring: Extubated: _____(initials) Time: _____ Recovery: (circle) Uneventful Eventful Rapid Normal Slow																				
Peri-op Medications: <table style="width: 100%; text-align: center;"> <tr> <td></td> <td>Dose/Route/Time</td> </tr> <tr> <td>Metacam:(5 mg/ml)</td> <td>____/____/____</td> </tr> <tr> <td>Buprenex:(.3mg/ml)</td> <td>____/____/____</td> </tr> <tr> <td>Penicillin:(300,000 units/ml)</td> <td>____/____/____</td> </tr> <tr> <td>Cefazolin:(1 gram)</td> <td>____/____/____</td> </tr> <tr> <td>Atropine:(1/120 grain)</td> <td>____/____/____</td> </tr> <tr> <td>Epinephrine:(1 mg/ml)</td> <td>____/____/____</td> </tr> <tr> <td>Other:</td> <td>____/____/____</td> </tr> </table>		Dose/Route/Time	Metacam:(5 mg/ml)	____/____/____	Buprenex:(.3mg/ml)	____/____/____	Penicillin:(300,000 units/ml)	____/____/____	Cefazolin:(1 gram)	____/____/____	Atropine:(1/120 grain)	____/____/____	Epinephrine:(1 mg/ml)	____/____/____	Other:	____/____/____	Suture Used _____ External Sutures: Yes or No Technician's Initials: Technician's Notes:				
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Other notes: