

SURGERY/PROCEDURE CONSENT FORM
Bollinger County Veterinary Services

<first-name> <last-name> <Date>
Animal'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_____

Is <animal> currently on heartworm/dewormer prevention? Yes___ No ___
If not on prevention, we highly recommend blood and intestinal parasite screening.* If positive for either parasite, <animal> is at risk for post-operative complications.

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 _____

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
- Blood parasite screen*.....Yes or No.....28.00
- Fecal (Intestinal Parasites).*....Yes or No.....13.25
- Rear Dewclaw removal.....Yes or No.....15.00

We highly recommend that <animal> receives pain medication before and after surgery.

Would you like <animal> to have pain medication? Yes ___No___

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

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

| | |
|-------------------|------|
| Approximate cost: | |
| Up to 25 lbs | \$35 |
| 25 – 50 lbs | \$45 |
| 50 lbs and up | \$60 |

Signature

Phone #

Bollinger County Veterinary Service
Liza Jones, D. V. M. - Colleen Retz, D. V. M.
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="margin-left: auto; margin-right: auto;"> <tr> <td></td> <td style="text-align: center;">Pre/</td> <td style="text-align: center;">During/</td> <td style="text-align: center;">Post</td> </tr> <tr> <td>Temp.:</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>ECG:</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>SPO2:</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Other:</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table> Heated Water Bottles: Yes or No (circle one) | | Pre/ | During/ | Post | Temp.: | _____ | _____ | _____ | ECG: | _____ | _____ | _____ | SPO2: | _____ | _____ | _____ | Other: | _____ | _____ | _____ |
| | Pre/ | During/ | Post | | | | | | | | | | | | | | | | | | |
| Temp.: | _____ | _____ | _____ | | | | | | | | | | | | | | | | | | |
| ECG: | _____ | _____ | _____ | | | | | | | | | | | | | | | | | | |
| 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="margin-left: auto; margin-right: auto;"> <tr> <td></td> <td style="text-align: center;">Dose/Route/Time</td> </tr> <tr> <td>Metacam:(5 mg/ml)</td> <td style="text-align: center;">_____/_____/_____</td> </tr> <tr> <td>Buprenex:(.3mg/ml)</td> <td style="text-align: center;">_____/_____/_____</td> </tr> <tr> <td>Penicillin:(300,000 units/ml)</td> <td style="text-align: center;">_____/_____/_____</td> </tr> <tr> <td>Cefazolin:(1 gram)</td> <td style="text-align: center;">_____/_____/_____</td> </tr> <tr> <td>Atropine:(1/120 grain)</td> <td style="text-align: center;">_____/_____/_____</td> </tr> <tr> <td>Epinephrine:(1 mg/ml)</td> <td style="text-align: center;">_____/_____/_____</td> </tr> <tr> <td>Other:</td> <td style="text-align: center;">_____/_____/_____</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: | | | | |
| | 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: | _____/_____/_____ | | | | | | | | | | | | | | | | | | | | |

Other notes: