

## LAPAROSCOPIC OVARIOHYSTERECTOMY & ANESTHESIA AUTHORIZATION

I hereby entrust Frontier Veterinary Hospital (FVH) to care for my pet during his/her surgery stay. I am the owner, or a representative of the owner, of the animal presented and have the authority to execute this consent. I have been advised as to the nature of the procedure to be performed and the risks involved. I understand the doctors and staff will use all reasonable precaution against the injury and/or death of my pet, and I hereby consent and authorize this hospital to perform the requested anesthesia and surgical procedures. I understand that I must furnish phone number(s) where FVH can reach me or a contact person whom I have authorized to make medical decisions.

Procedures requiring anesthesia are time-sensitive and provide a narrow window of time in which to reach you. **For your pet's safety, please list where you or your agent can be reached without delay.**

Name of contact person: \_\_\_\_\_ This person is:  Owner  Authorized agent

Phone Number(s): \_\_\_\_\_

In the event you or your authorized contact person are not reachable, would you prefer us to proceed with any additional recommended treatment? Please initial your preference:

\_\_\_\_\_ **Yes, please proceed** with additional treatment.

I understand that there will be additional charges for further treatments.

\_\_\_\_\_ **No, please do not proceed** with any treatment beyond the initial treatment plan, unless my pet's safety requires it.

Blood testing is required within the last 2 months for pets 7 years or older, and within the last 12 months for pets under 7 years of age. I understand that blood work is an important aid in determining my pet's health, but does not guarantee a more successful surgery.

**Pet's Name**      **Age**      **Last Blood work**       Bloodwork is current.

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_/\_\_\_\_/\_\_\_\_       Bloodwork is not current, and is required at this time (fee \$88.68).

Standard pickup time is usually between 4-7 pm. We will do our best to accommodate your requested pickup time but due to the nature of hospital operations and anesthesia recovery this may not always be possible. Please provide the earliest and latest times you are able to pick up your pet:

Earliest time: \_\_\_\_\_ Latest time: \_\_\_\_\_  
**(the earliest available time is 2:00 pm)**      **(the latest available time is 7:30 pm)**

At Frontier Veterinary Hospital we prefer to perform ovariohysterectomy (OVH) surgery using laparoscopy as an adjunct to traditional surgical methods because it is less invasive. However, in some cases your veterinarian may change method during the course of surgery and perform your pet's OVH in the traditional manner, without laparoscopy. This is done at the surgeon's discretion, in order to proceed with the surgical technique which is safest for the patient. If this becomes necessary, your veterinarian may need to call you post-operatively due to the time sensitive nature of anesthesia and surgery.

I understand that the safety of my pet is the overriding priority. I understand that any price quote I have been given is an estimate and if complications are involved, or the procedure is of greater dimensions than anticipated, the price may be higher.

Signed: \_\_\_\_\_  
*Signature*      *Print name*      *Date*



## ANESTHESIA QUESTIONNAIRE

Please complete the morning of your pet's procedure.

Pet's Name \_\_\_\_\_ Owner's Name \_\_\_\_\_ Date \_\_\_\_\_

Has your pet eaten in the last 8 hours? \_\_\_\_\_

Has your pet been ill recently? If so, please describe the symptoms and indicate date/time of last symptoms.

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Do you have any other questions or concerns you would like the doctor to address?

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Are there any additional services you would like us to perform while your pet is in the hospital (charges may apply)?

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