



Sunnyside Pet Healthcare Center
47-04 Greenpoint Avenue, Sunnyside, N.Y. 11104
718-472-4600
Sunnysidevet.com

Surgical Authorization & Anesthesia Release Form

To make your pet's anesthetic procedure as safe as possible, our doctors and surgical staff would like you to read and understand the following information regarding required pre-anesthetic labwork, evaluations, and their associated costs.

- A. Preoperative Blood work.** This will enable us to choose the safest method of anesthesia and surgical procedure setup regarding your pet's individual needs. **Cost**
- ☐ **Healthy Pet Under 1 Year of Age**--The practice has a minimum level presurgical blood test Sodium, Potassium, Chloride, BUN, Glucose, Hematocrit and Hemoglobin using **i-STAT** the world's first hand-held automated blood analyzer **\$ 51.00**
- ☐ **No, I waive** this level of care for my pet (please initial) _____

B. IV Catheter/Fluid Therapy : This therapy will keep your pet hydrated during the procedure, and will compensate for any blood loss. Also it can be the difference between life and death in the case of a complication. Your Doctor would not put you under anesthesia without catheter placement, **does your pet deserve any less?**

- ☐ **Please insert an IV catheter prior to anesthesia** **\$ 40.00**
- ☐ **No, I waive this level of care for my pet** (please initial) _____

D. Pain is not an option!

Post surgical Comfort and Pain Care kits. This pack is sent home with you at the time your pet is discharged so that you can help **reduce pain and complications at home**. The pack includes **anti-lick solution** (for dogs only) to prevent your pet from licking/biting the surgery site, which can lead to infection or even re-suturing. It also includes a **relief lotion** to relieve itchiness around the surgery site. Finally, it has **anti-pain medication** to help relieve your pet's discomfort. **Metacam**. Its effective and long-lasting and relieves pain for up to 24 hours **Feline \$45.00**
Canine \$55.00

What if you were being neutered? Wouldn't you want pain medication?

- ☐ **No. I specifically decline long-lasting pain control medication** (please initial) _____

E. POTENTIAL HEALTH RISK TO OWNERS AND THEIR CHILDREN: Pet intestinal parasites are a potential health risk to their owners. Often times our clients have a difficult time getting their pet's fresh stool to the hospital for an Intestinal Parasite check. Intestinal parasites, such as roundworms and hookworms are infectious to people and can cause blindness in children. This test should be done yearly in pets. If your pet defecates while at the clinic, would you like for us to collect it and test for parasites? **\$32.00**

- ☐ **Yes. Please check my pet's stool** ☐ **No, I waive this level of care for my pet**

D. Permanent Microchip. A permanent identification system by placement of a microchip underneath the skin. This can be done while he/she is under anesthesia. **\$49.00**

- ☐ **Yes. Please insert a permanent microchip into my pet** ☐ **No**

- ☐ **Has your pet had anything to eat since 10 PM last night?** ☐ **NO** ☐ **YES**

Procedure(s): Spay/OHE Neuter Dental Declaw Radiographs

Other: _____

Owner's Name: _____ Pet's Name _____

I am the owner, or agent for the owner of the above-described animal, certify that I am over eighteen years of age and have the authority to execute this consent. I hereby consent and authorize the performance of the following procedure(s) or operation(s):

I understand that during the performance of the foregoing procedure(s) or operation(s), unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure(s) or operation(s) or different procedure(s) or operation(s) than those set forth above. Therefore, I hereby consent to and authorize the performance of such procedure(s) or operation(s) as are necessary and desirable in the exercise of the Veterinarian's professional judgment. I have been advised as to the nature of the services, procedure(s) or operation(s) and the risks involved. I also realize that results cannot be guaranteed. I understand that extractions or multiple extractions of teeth will be done if needed during dental procedures. I additionally authorize the use of appropriate anesthetics, pathologist examination of excised tissue (s) deemed appropriate by the veterinarian and the administration of other medications, and I understand that hospital staff will be used as deemed necessary by the veterinarian.

I have read and understood this authorization and consent.

Signature of Owner or Agent _____ Date _____ Phone number (where we can reach you today!) _____

(please initial) _____ If your pet is undergoing a dental cleaning today, and during anesthesia if the doctor determines that one or more teeth need to be extracted, This will be done. I understand and authorize this and accept financial responsibility.

(please initial) _____ If your pet is undergoing a spay today and she is pregnant or in heat, there may be an additional charge at the doctor's discretion. I understand and authorize this and accept financial responsibility.

I have read and understood the good faith estimate given to me. I understand all efforts have been made to make it as accurate as possible. Prices quoted are based upon assessments made on the date the estimate was prepared.

I understand any problems that develop with my pet (additional test, treatments and / or additional days of hospitalization will increase the charges.)

I understand that I am encouraged to discuss all fees before services are rendered and during this pet's ongoing medical treatment I assume full responsibility for treatment expense involved (both estimated and additional).

I understand that no guarantees can be made on the out-come of medical or surgical procedures

A 100% deposit of the lower estimate is required before the patient can be admitted.

Any balance is due at the time of discharge.

I am the owner of the above pet, or am acting as an agent for the owner, and accept full financial responsibility.

I authorize the doctor to proceed as discussed. I can be contacted at the number below:

Please sign to accept this estimate. _____ Witnessed _____

TO PROTECT YOUR RIGHTS YOU MUST READ AND UNDERSTAND THE FOLLOWING

HAVE YOU TALKED WITH YOUR DOCTOR ABOUT THE FOLLOWING?

1. The medical and/or surgical treatment alternatives for your pet?
2. Sufficient details of the procedures for you to understand what will be performed?
3. How fully your pet might respond or recover and how long it could take?
4. The most common complications and how serious they might be?
5. The length and type of follow-up care and restraint required?
6. How much this treatment is expected to cost and how payment will be handled?

I understand that veterinary care during nighttime hours and/or weekends is provided at the discretion of the attending veterinarian. Continuous presence of personnel may not be provided during these hours.

I agree that either I, or an authorized agent of mine, will pick up this pet and pay for all accrued charges within 10 days after receiving written or oral notification that this animal is ready to be released from the hospital. Such notice will be given at the address maintained on the hospital's patient/client record or the address listed in my record.

I agree that if I fail to comply with this policy, the Sunnyside Animal Clinic may handle this abandonment in the best interests of the animal and the hospital

(please initial) _____