



**Client Name:** \_\_\_\_\_ **Pet Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

I verify I am the owner (or Authorized agent for the owner) of the above named pet and authorize the surgical procedure to be performed.

I authorize the use of anesthesia and other medication as deemed necessary by the veterinarian and understand that hospital personnel will be employed in the procedure(s) as directed by the veterinarian. **I understand that pre-anesthetic blood work is available and recommended for all patients.** I understand I assume the risk of anesthesia (including death) should patient have undiagnosed problems that blood work could assist in finding. I have been advised as to the nature of this procedure to be performed and the risks involved. I understand also that there is always a risk associated with any anesthesia episode, even in apparently healthy animals and have discussed my concerns with the veterinarian. I understand that it may be necessary to provide medical and/or surgical procedures which are not anticipated for the safety or care of my pet. I hereby consent to and authorize the performance of such altered and/or additional procedures as are necessary in the veterinarian's professional judgement. I accept responsibility for any result in additional charges.

If in the course of treatment a condition is discovered which requires medical attention or additional procedures, such as patient being in heat, dental extractions, hernia repair, or the administration of subcutaneous and/or IV fluids, the attending veterinarian may, in his/her absolute discretion, perform such procedure. I consent to these procedures and any additional costs.

I understand many pets require sedation before a doctor can complete a thorough dental exam and choose the best treatment. I authorize additional services at an additional cost, such as extractions, if needed. We recommend completing all needed dental procedures during this visit so you can avoid scheduling another appointment with additional sedation costs. \_\_\_\_\_ **(Initial)**

I understand the attending veterinarian may dismiss any patient who attempts to bite, becomes aggressive and/or has behavioral issues that require muzzling, specialized time or attention, equipment, and/or medications for treatment. I understand that the attending veterinarian can refuse to perform any procedure on any animal for any reason. Such refusal is at the sole discretion of the attending veterinarian.

I understand that payment is due in full on the date services are rendered and no payment plans are offered.

I understand The KAAWS Clinic is not a full service facility and in the case of an unforeseen emergency, my pet may be referred to a full service veterinarian or emergency clinic for additional required treatment that have the available diagnostics, medications, and/ or treatments available for these special cases.

**ADVANCED DIRECTIVE: Choose one option.**

**Attempt Resuscitation (CPR):** This choice indicates that you authorize all efforts and procedures determined to be appropriate by the veterinarian to try to resuscitate your pet. CPR is more likely to be successful in a previously healthy, young patient and specific recommendations may be made by your veterinarian based on your pet's condition. If CPR is effective, there are often problems that need to be addressed after resuscitation. CPR does not resolve any underlying diseases. It is important that you know the cost of the CPR starts at \$100 and the total will vary depending on your pet's needs. This and the cost of any additional care after the CPR are in addition to your current estimate.

**Do Not Resuscitate:** Every attempt will be made to prevent a cardiac and/or respiratory arrest from occurring, but if your animal arrests, no CPR will be performed. This option is always an acceptable choice based upon your beliefs and needs.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**\*MUST BE FILLED OUT WITHIN 24 HOURS OF SCHEDULED SURGERY**  
**APPOINTMENT\***

**Pre-Anesthetic/Surgery Questionnaire**

**Client Name (Please include spouse) :** \_\_\_\_\_

**Pet:** \_\_\_\_\_ **Breed:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Color:** \_\_\_\_\_ **Sex:** MALE FEMALE

1. When was the last time your pet had any food/treats? (Time) \_\_\_\_\_ **Water :** \_\_\_\_\_.

2. How long have you owned your pet? : \_\_\_\_\_.

3. Within the last two weeks, has your pet displayed any sneezing, coughing, vomiting, diarrhea, and/or problems urinating? : \_\_\_\_\_.

If yes, please explain: \_\_\_\_\_.

4. Has your pet ever had a seizure? \_\_\_\_\_ If yes, please state when and explain (diagnosis/cause, treatment, etc.):

\_\_\_\_\_.

5. If your pet is female, when was her last heat cycle?: \_\_\_\_\_ Is it possible she could be pregnant?: \_\_\_\_\_.

If your pet is female, has she given birth in the last 6 months? \_\_\_\_\_ If yes, how long ago? : \_\_\_\_\_

Has nursing been completed? : \_\_\_\_\_.

6. Within the last two weeks, are you aware of any changes in your pet's level of activity, appetite, and/or water consumption? : \_\_\_\_\_.

If yes, please explain: \_\_\_\_\_.

7. Are you aware of your pet having a diagnosis/ history of prior health problems, and/or injuries? : \_\_\_\_\_ If yes, please explain:

\_\_\_\_\_.

8. Are there any known reactions to vaccinations, drugs, medications, etc.? : \_\_\_\_\_ If yes, please explain:

\_\_\_\_\_.

9. Please list any medication(s) your pet has been given in the last month and what it was administered for:

\_\_\_\_\_.

10. In the last ten days, has your pet been treated for fleas/ticks with any spray, shampoo, dip, powder, spot-on, etc? : \_\_\_\_\_.

If yes, please list name and date given: \_\_\_\_\_.

11. Is your pet currently on heartworm prevention? : \_\_\_\_\_ If yes, please circle or list which type:

Iverhart      Advantage Multi      Trifexis      Sentinel      Heartgard      Filaribits      Ivermectin (liquid)

Other: \_\_\_\_\_ Date of last test?: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_