

## Surgery & Anesthesia Technician Questionnaire Checklist

Name: \_\_\_\_\_ Species: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_

When was the last time this pet had ANYTHING to eat? \_\_\_\_\_ (date/time)

\*PLEASE NOTE: The doctor will only extract teeth in the best interest of your pet. Please be aware that tooth extractions and dental radiographs are NOT included in the price of the dental cleaning and the other will be responsible for the extra cost. THE OWNER WILL NOT BE CALLED FOR PERMISSION TO PULL TEETH.

Does the owner consent to have loose, infected, or deciduous (baby) teeth pulled by the doctor if necessary?

- Yes       No       Not applicable

If this pet is having one or more lumps removed today does the owner want a biopsy done?

- Yes       No       Not applicable

Is there any possibility that this pet is pregnant?

- Yes       No       Not applicable

Would the owner like this pet to receive a microchip today?

- Yes       No       Not applicable

Is there any history of allergies to medication or anesthesia?

- Yes       No

Is there any history of seizures?

- Yes       No      If yes, date of last seizure: \_\_\_\_\_

Does this pet have a **known** heart murmur?

- Yes       No

Is this pet on **ANY** medication?

- Yes       No       Not sure

If yes, please list **ALL** medications and when the medication was last given:

If requested; a therapeutic laser will be used (with some exceptions) on the incision(s) to help speed the healing process, reduce pain and inflammation, and reduce the formation of scar tissue. This, along with our standard pain management medications, will provide your pet with the best in pain and wound care management. \$25 additional

- Yes       No       Not applicable

Owner's initials: \_\_\_\_\_

Technician's initials: \_\_\_\_\_

# Pre-anesthetic Testing Consent Form

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

Your pet is scheduled for a procedure that requires anesthesia. We would like to take this opportunity to recommend pre-anesthetic testing and explain why it is important to the health of your pet. Like you, our greatest concern is the well being of your pet. Before placing your pet under anesthesia, one of our doctors will perform a complete physical examination to identify any existing medical conditions that would complicate the procedure and compromise the health of your pet. Because there is always the possibility that a physical exam alone will not identify all of your pet's health problems, we strongly recommend pre-anesthetic bloodwork to be performed prior to anesthesia. It is important to understand that a pre-anesthetic does not guarantee the absence of anesthetic complications. It may, however, greatly reduce the risk of complications as well as identify medical conditions that could require medical treatment in the future.

## Profile #1 – Recommended for healthy patients under 7 years of age.

- |                      |               |                            |                    |
|----------------------|---------------|----------------------------|--------------------|
| - Bun (Kidney)       | -ALKP (Liver) | -Total Protein (hydration) | -Albumin (Protein) |
| - Creatinine(Kidney) | -ALT (Liver)  | -Blood Glucose             |                    |

## Profile #2 – Recommended for healthy patients over 7 years of age.

- |                      |                    |                            |                        |
|----------------------|--------------------|----------------------------|------------------------|
| -BUN (Kidney)        | -ALKP (Liver)      | -Total Protein (hydration) | -Lipase (Pancreas)     |
| - Creatinine(Kidney) | -ALT (Liver)       | -Blood Glucose             | - Amylase(Pancreas)    |
| -Phosphorus (Kidney) | -Bilirubin (Liver) | -Cholesterol               | -Albumin (Protein)     |
| -GGT (Liver)         | -Calcium           | -RBC count (anemia)        | -WBC count (infection) |

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Please check ONE:       **Profile #1**                       **Profile #2**

Please complete the recommended testing prior to administering anesthesia to my pet.

Signature of Owner:

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I have chosen to DECLINE the recommended testing at this time and request that you proceed with anesthesia. I understand the risks involved with putting my pet under anesthesia without pre-anesthetic testing and agree not to hold Rocky Gorge Animal Hospital responsible if complications occur:

Signature of Owner:

**Rocky Gorge Animal Hospital**  
7515 Brooklyn Bridge Road  
Laurel, MD 20707  
Phone: (301) 776-7744 Fax: (301) 776-1575

**Anesthetic Procedure Consent Form**

Patient Name: \_\_\_\_\_ Owner's Name: \_\_\_\_\_  
Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Color: \_\_\_\_\_ Weight: \_\_\_\_\_

Emergency contact phone numbers: 1:  2:

**\*Please provide a phone number(s) where you may be reached at ALL times while your pet is here in our care.**

Procedure(s) to be performed:

**Authorization and Risk Assessment:**

I authorize anesthesia and surgery for my pet. The nature and risks of this procedure(s) have been explained to me. I understand that some risks exist with anesthesia and/or surgery. My signature on this consent form indicates that any questions have been answered to my satisfaction.

I authorize Rocky Gorge Animal Hospital to perform additional diagnostic, treatment, or procedure(s) deemed necessary for medical or surgical complications or otherwise unforeseen circumstances. While Rocky Gorge Animal Hospital provides the highest quality of anesthetic monitoring and surgical services, I understand that there are rare complications associated with any anesthetic or surgical procedure. No warranty or guarantee has been given to me as to the results or cure afforded by these treatments or procedures.

I fully understand these risks and understand that the veterinarian and hospital staff will try to minimize such risks. I will not hold Rocky Gorge Animal Hospital, the veterinarians, or any staff member liable for any complications that may arise.

**I HAVE READ AND FULLY UNDERSTAND THIS SURGERY AND ANESTHESIA CONSENT FORM.**

Signature:

Date:

Tech initials: