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# SURGICAL CONSENT FORM

Client: \_\_\_\_\_ Patient: \_\_\_\_\_ Age: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

I am the owner or agent of the owner of the above-described animal and have the authority to execute this consent. I hereby authorize Good Hands Veterinary Hospital, P.C., to perform the following procedure(s) or operation(s). DATE:

Anesthetic and surgical procedures to be performed: \_\_\_\_\_

### PRE-ANESTHETIC BLOOD SCREENING

Like you, our greatest concern is the well-being of your pet. Before putting your pet under anesthesia, we will perform a full physical examination. However, some conditions, including disorders of the liver, kidneys & blood are not detected unless blood testing is performed. Anesthetic agents are processed through the body by the liver & the kidneys, thus any disorder regarding these organs can increase your pet's anesthetic risk. For this reason, we highly recommend that pre-anesthetic bloodwork be performed to maximize patient safety and alert the doctor to the presence of dehydration, anemia, infection, diabetes and/or kidney or liver disease which could complicate the procedure. These tests are similar to those your own physician would run if you were to undergo anesthesia. In addition, the results of these tests will be used as a baseline for comparison in the future as your pet ages, and may aid in development of faster & more accurate diagnoses and treatments.

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| <p><b>Pre-Anesthetic Panel (\$82.00)</b></p> <ul style="list-style-type: none"> <li>• CBC (Complete blood count :assesses anemia, infection, clotting)</li> <li>• BUN (kidney)</li> <li>• TP (hydration)</li> <li>• Glucose (sugar)</li> <li>• ALKP (liver)</li> <li>• ALT (liver)</li> <li>• Creatinine (kidney)</li> <li>• Electrolytes (Sodium, Potassium, &amp; Chloride)</li> </ul> | <p><b>General Health Profile (\$165.00)</b></p> <p><i>Includes all the tests in the Pre-Anesthetic Panel plus:</i></p> <ul style="list-style-type: none"> <li>• Globulin (chronic inflammation)</li> <li>• Albumin (protein)</li> <li>• Calcium (certain cancers)</li> <li>• Cholesterol</li> <li>• Phosphorus (kidney)</li> <li>• Total Bilirubin (liver)</li> <li>• Amylase (pancreas)</li> </ul> |
|--|---|

### \*Animals OVER 7 years of age and/or of compromised health

I understand that when an animal is over 7 years of age, the body can have unforeseen diagnostic problems. I understand that bloodwork and placement of an intravenous catheter are required, and I am responsible for the cost. I do hereby allow GHVH to perform a General Health Profile and place an IV catheter as to provide IV fluids during the surgery & administer medications if needed. I understand that if an unforeseen problem becomes apparent on the bloodwork, surgery may not be performed at this time.

ACCEPT: \_\_\_\_\_ Initial

### Animals under 7 years of age

I understand that it is of good quality medicine to perform bloodwork on any animal undergoing anesthesia. I also understand that it is not required for animals under the age of 7. I do prefer for my animal to have the highest possible chance of survival, so I hereby allow GHVH to perform a Pre-Surgical Panel. Although this is not a guarantee of anything, I understand that it will help in seeing some unforeseen problems that could arise.

ACCEPT: Pre-Anesthetic Profile \_\_\_\_\_ Initial **OR** General Health Profile \_\_\_\_\_ Initial

**DECLINE:** I have elected to decline the recommended bloodwork at this time. I fully understand the possible consequences of anesthesia and surgery/dentistry being performed without the knowledge obtained from the aforementioned workup. I, the owner, agree to hold GHVH harmless, in the absence of negligence, in the event of untoward anesthetic complications that might have been detected had these tests been performed. Initial:

### SURGICAL MONITORING

To further ensure the safety of your pet, we now able to keep an even closer watch on anesthetized patients with our new multi-parameter digital patient monitor. This monitor consists of a pulse oximeter, EKG, & respiratory monitor which are attached to the patient during the entire surgical procedure. Blood pressure, temperature, heart rate and rhythm, respirations, and oxygen levels are closely monitored using this state-of-the-art equipment. We believe the added cost of these agents is well worth the added safety that a much loved member of the family deserves.

ACCEPT: Digital monitoring is required for all pets 7 years or older &/or petsof compromised health.(\$20)

DECLINE

**LASER SURGERY**

We are proud to offer laser surgery as an exciting new option for safer, more comfortable surgery. In many procedures, the laser can replace the scalpel and provide a better alternative to traditional surgery. *Why laser surgery?* **Less Pain.** The laser seals nerve endings as it "cuts." As a result, your pet will experience less pain and be more comfortable post operatively. **Less Bleeding.** The Laser seals small blood vessels during surgery. This speeds many procedures, reducing the time your pet needs to be under anesthesia, which further reduces possible complications. **Less Swelling.** Laser energy does not crush, tear or bruise tissue because the only thing that touches your pet is an invisible beam of light. *What does this mean for my pet?* **Reduced risk of infection.** As the laser removes diseased tissue, it seals the skin and reduces the amount of bacteria present. **Precision.** The laser can remove unhealthy tissue while minimizing adverse effects to healthy surrounding tissue. A laser is ideal for a wide variety of surgical procedures – ask your DVM if your pet's procedure can be performed with a laser.

YES, I want my pet to have laser surgery (\$53.50)

NO, I do not want my pet to have laser surgery

**MICROCHIP IMPLANTATION**

Over 10 million pets are lost every year. In an effort to offer permanent identification and help assist in your pet's safe return in the event he/she becomes lost, GHVH offers microchip implantation at the time of surgery. While your animal is under anesthesia, the chip, which is the size of a grain of rice, can be inserted under the skin between the shoulder blades. Each chip has an individual identification that will serve as a permanent ID for your pet. Shelters, vets, and rescue teams nationwide scan for microchips in all unidentified animals, and are able to call AVID's 24hr hotline when a chip number is found. After a quick search of the PETrac database, you, GHVH, or your alternate is contacted.

YES, Insert Avid Microchip (\$42)

**Therapeutic Laser (\$10)**

The therapeutic laser is used to help increase blood flow. This allows for quicker healing time and less inflammation/pain while recovering. We use the K-Laser Performance Cube on all of surgeries.

**OTHER SERVICES**

Do you need a refill on Flea & Tick Prevention?  NO / YES: FRONTLINE:  3 pk  6pk (+1 free)  Frontline Spray

Comfortis:  6pk

Do you need a refill on Heartworm Prevention?  NO / YES: HEARTGARD:  6pk  12pk (\$5 rebate)

Trifexis:  6pk

Do you need any Preventative Dental Care products?  NO / YES:  Biotene Water Additive  CET Paste  Dentacetic Wipes

I understand that some risks always exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about these risks with the attending doctor before the procedure(s) is/are initiated. I understand that during the performance of the foregoing procedure(s) or operation(s), unseen conditions may be revealed that necessitate an extension of the foregoing procedure(s) or operation(s) that are 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 also authorize the use of appropriate anesthetics and other medications, and I understand that hospital support personnel will be employed as deemed necessary by the veterinarian.

**I have been advised as to the nature of the procedures or operations and the risks involved, including the possibility of death. I realize that no guarantee can be made legally or ethically to me regarding the outcome of any procedure performed. I have carefully read and do fully understand this authorization and consent.**

**Signature of Owner or Agent \_\_\_\_\_ Date: \_\_\_\_\_**