

Good Shepherd Veterinary Hospital

101 Fox Trot Dr. Mars, PA 16046

Tel: (724) 776.7387(PETS) Fax: (724) 776.7388

www.gsveterinaryhospital.com

Admitting Surgery Patients

Last Name _____ Patient _____ Date _____

Phone number(s) where owner can be reached 1. _____ 2. _____

- ___ Type of surgery performing _____
- * ___ Vaccines up to date
- ___ When did your pet last eat/drink _____
- ___ Heartworm testing/preventative up to date
- ** ___ Discuss FELV/FIV testing _____
- ___ Explain pre-surgical blood work Yes ___ No ___
- ___ Have owner sign consent forms
- ___ Fill out ID cage card _____

Initials

TECH

- ___ Answer any questions the owner may have
- ___ Return all pet's belongings to the owner (Leashes, blankets, collars, etc ;)
- ___ Pre-Anesthesia given to the pet _____
- ___ E-collar
- ___ Pain Injection _____
- ___ Pain Medication Tablets _____
- ___ Anti-inflammatory medication _____

Initials

*If vaccines are not up to date ask the owner's permission to update

**If HWT or FELV/FIV tests are declined give handouts for these diseases and document in the patient's record that owner declined tests and that you gave handouts

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Anesthesia Consent Form

I, the owner or authorized agent of _____ (pet's name) hereby consent to allow the doctors and/or staff employed by Good Shepherd Veterinary Hospital, LLC to administer anesthesia/sedation to my above named pet. In signing, I acknowledge that there are risks involved with any anesthetic procedure and accept this risk for my pet without liability to the doctors and/or staff of Good Shepherd Veterinary Hospital, LLC. I understand that there are possible reactions, allergies and other sensitivities that may result in complications including death of the patient. These reactions are uncommon, but still occur in a very small percentage of patients. The doctors and staff of Good Shepherd Veterinary Hospital, LLC will take all necessary measures and precautions to minimize these risks as much as possible.

Signature of Owner/Authorized Agent

Date

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Pre Anesthetic Diagnostic Tests Consent Form

Last Name _____

Pet's Name _____

Your pet is scheduled for surgery requiring the use of anesthesia. Like you, our greatest concern is the safety and well being of your pet. Fortunately, advances in anesthesia have made routine procedures relatively safe with a low rate of complications. However, occasional problems can occur due to the pet's pre-existing conditions not evident during routine physical examinations. We require that your pet undergo pre-anesthetic blood work (includes BUN/Creatinine/ALT/ALKP/Glucose/Total protein and PCV) to screen for dehydration, hypoglycemia, kidney and liver diseases, and anemia prior to surgery. For pets over 5 years old, a Complete Blood Count (CBC) is also required. If you would like any additional diagnostic tests done, please circle them below.

1. Urine Analysis- screening for UTI, dehydration, diabetes, ketones, or renal system compromise
2. Diagnostic radiograph (x-rays)
3. EKG
4. Other

Signature of Owner/Authorized Agent

Date

Witness

I, the Owner/Agent of the pet named _____, hereby, decline such pre anesthetic safety evaluation and agree to hold GSVH harmless, in the absence of negligence, in the event of untoward anesthetic complications that might have been detected had these tests been performed.

Signature of Owner/Authorized Agent

Date

Witness