

Heritage Veterinary Hospital
12952 Olive Boulevard
Creve Coeur, Missouri 63141
314-878-8454

Pre Anesthetic Instructions

Please do not give your pet any food after 12:00am (midnight) the evening before surgery. Your pet may have water. It is okay to give your pet maintenance drugs the morning of the procedure if the doctor has agreed. Please advise staff that the medication(s) has been given.

Surgery/Dental patients are admitted to the clinic between 7:30 a.m. and 8:00 a.m. the morning of the procedure. Please deliver your patient to the lower level entrance at the back of the building. Please allow your pet plenty of time to have a bladder and bowel movement before being admitted to the clinic.

Please note this phone number, (314) 750-0627. You may contact the surgical staff directly the day of the surgery from 7:00am to 5:00pm. After 5:00pm, please call (314) 878-8454. You may also contact the surgery staff by email, heritageveterinaryhospital@gmail.com. If you prefer to receive text messages or mail regarding your pet's updates, notify the staff upon admission.

Please leave a phone number with the surgical staff for contact during the day of the procedure.

You trust to care for your pet, our first concern will always be your pet's health. Before placing your pet under anesthesia, we will do everything possible to ensure that he/she is health. We will perform a complete physical examination to look for any existing medical conditions that might complicate the procedure or compromise your pet's health.

At our hospital, we don't believe in taking risks with your pet's health. We perform pre-anesthetic testing for companion animals for the same reasons your doctor would run tests on you before you underwent anesthesia. In fact, these tests are quite similar. These tests will screen for potential problems such as liver or kidney disease, diabetes, and anemia and in addition provide a baseline for future tests. While these tests do not guarantee the absence of complications, they do minimize the possibility of complications during and after anesthesia. Our goal is to provide your family with the peace of mind you expect and deserve.

Please understand that all pets must be current on core vaccinations as applicable and that any deficiencies will be given at your expense. For the protection of your pet and others in the hospital, if fleas or ticks are found, treatment will be administered at an additional cost.

Additionally, while your pet is under anesthesia for a dental, we recommend sealing the teeth with Oravet Barrier Sealant. This dental sealant is a great way to help your pet fight dental disease. A sealer will be applied here and then once weekly you will follow up with an oral gel that you can easily apply to your pets teeth. The purpose of Oravet Gel is to decrease the amount of calculus (tartar) formation on your pets teeth which in turn reduces gum disease. Good dental health is very important in preventing tooth loss and some serious systemic disease. The cost of the sealant is \$50.00 and does include the first home care kit (\$30 Value). Home care kits will last 8-16 weeks depending on the size of your pet.

This is also an ideal time, while under anesthesia, to have a microchip identification implanted in your pet. The Avid microchip is available to provide a means of permanent identification for your pet.

If you have any questions, feel free to call or e-mail us.

On the day of your appointment we will provide you with a consent form to authorize or decline the recommended treatments. If at any time you would like a written treatment plan outlining fees, please let our office staff know.

We look forward to seeing you and your pet.

Dr. Sanford, Dr. McLaughlin, Dr. Elley, Dr. Long and the staff of Heritage Veterinary Hospital.

Heritage Veterinary Hospital
Kimberly A. Sanford, D.V.M.
Frank McLaughlin, D.V.M.
Jaime Elley, D.V.M
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Creve Coeur, Missouri 63141
314-878-8454

Client Name _____
Address _____
City, State, Zip Code _____

Patient Name _____ Age _____
Canine _____ Feline _____ Breed _____ Color _____

Surgical/Dental/Anesthesia Consent Form

I hereby authorize the performance of the following procedure(s).

Our greatest concern is the well-being of your pet. We will perform a physical examination prior to administering anesthesia. To minimize anesthetic risks, patients receive an intravenous catheter for surgical/dental procedures. This allows access to a vein for anesthesia administration, fluid therapy, and if an emergency would arise, it allows us to administer medications quickly. An area of the hair will be shaved on a leg for this. In addition, all patients will have post-operative pain management administered to them afterwards for their comfort and to minimize patient stress. Additional pain medication may also be prescribed for your pet's comfort once at home.

I understand that all pets must be current on core vaccinations as applicable and that any deficiencies will be given at my expense. For the protection of my pet and others in the hospital, if fleas or ticks are found, treatment will be administered at an additional cost.

For dental procedures, we will make every effort to assess your pet beforehand to determine if extractions are required. However, due to the presence of calculus and inability to thoroughly examine all tooth surfaces prior to anesthesia it is impossible to ascertain if extractions are recommended before you leave. Please be assured that we will only extract teeth that are deemed to be excessively diseased or damaged.

Do you wish to be notified prior to any extractions being conducted? YES () NO ()

If you answered yes and we are unable to contact you at the numbers provided, do you wish to have any extractions/treatments we deem appropriate performed? Yes () No ()

For dental procedures, Oravet Barrier Sealant is available. This sealant is recommended for all pets undergoing dental treatment. Oravet sealant helps the gums heal quicker and will help to slow down the reoccurrence of gum/dental disease. To obtain the best results you will need to follow up with a weekly home care gel application.

() YES, Seal my pet's teeth with Oravet (\$50) including 1st home care kit \$30 value)

() No, I decline Oravet Sealant

Microchip Identification (\$48.00): () YES () No

My pet is on the following medication(s) _____
Medication(s) last given _____

I hereby authorize Heritage Veterinary Hospital, the attending veterinarian, and designated assistants to perform such diagnostic, therapeutic, and surgical procedures as described above. I understand the above anesthetic and surgical diagnostic or therapeutic procedures may involve the risk of complications, injury, or even death, from both known and unknown causes and no warranty or guarantee has either been expressed or implied as to the result or cure. Furthermore, I also authorize the doctors and staff in an emergency situation, to follow through with such procedures as are necessary for the well-being of my pet on a continuing basis until further communication with me. I understand that I assume financial responsibility for all routine and emergency services rendered.

Your signature below constitutes your acknowledgement that (i) you have read and agreed to the above, (ii) the procedure(s) have been explained to your satisfaction and that you have all the information you desire, (iii) you have had the chance to ask questions, (iv) you authorize and consent to the performance of the procedure(s) and to the administration of anesthesia and (v) you are the authorized owner/agent of the animal.

Payment for all services rendered are due in full at the time of your pet(s) discharge from the hospital. For your convenience Cash, Check, Debit, Mastercard, Visa, Discover, American Express, and Care Credit are accepted.

Signature: _____ **Date:** _____

Estimate received by owner/responsible person _____

How would you like us to notify you when your pet wakes from anesthesia?

Phone call to (____) _____

E-mail to _____

Text to (____) _____

Employee Signature: _____

I have received and understand the discharge instructions relating to my animal's procedure.

_____ Date: _____
Signature of legal owner or responsible person

Technician/Assistant who discharged the animal _____

List all discharge instructions given to client:

