



SURGICAL INFORMATION PACKET

Dear Client,

Your pet has been scheduled for an upcoming surgery soon. In our attempt to assist clients better, we have put together this packet to make surgery day as easy and stress-free as possible for both you and your pet.

Please read all the enclosed information carefully. If you have any questions please feel free to call us.

The night before your pet's surgery:

- Withhold all food and treats after 8:00pm but they may have access to water
- If you are currently administering any medications, vitamins and/or injections, withhold the morning doses unless otherwise instructed by your veterinarian.

All clients are required to have a quick visit with a technician the morning of the surgery to obtain informed consent (see following page). Please read over the consent form before the surgery date and make note of any questions or concerns you may have to go over with the technician.

You are welcome to check in on your pet, however, we ask that you give us plenty of time to complete your pet's procedure. Your pet's technician or assistant will contact you once the procedure is complete with a brief update and to discuss discharge time.

At the time of discharge, the receptionist will complete the billing with you, and then the procedure, homecare instructions and any medications will be discussed in more detail along with answering any further questions you may have with the technician.

We hope surgery day will be a pleasant day and we understand that surgery can be an anxious time. We are always available to answer any and all questions or concerns about the procedure.

Optional Add-On's to your pet's surgery/dental procedure

Preanesthetic Blood Work	<p>We highly recommend (and in certain cases, require) that a pre-anesthetic profile be ran prior to surgery. This profile helps alert our veterinarian to the presence of dehydration, anemia, infection, kidney or liver disease or diabetes, which may complicate the procedure</p> <p>In the case of a geriatric surgical procedure or dental (animal is over 7 years of age) or the veterinarian is highly concerned about an underlying issue, bloodwork may be mandatory.</p>
Comprehensive Blood Work	<p>The comprehensive blood work is similar to the preanesthetic panel, however, it goes much more in depth.</p>
Da2PP/ FRCPC/ FeLV	<p>These are the core vaccinations that are required yearly for cats and dogs.</p> <p>Da2pp – a multivalent vaccine for dogs: D (canine distemper), A2 (canine adenovirus type 2, which offers cross-protection to canine adenovirus type 1), P (parvovirus), P (parainfluenza)</p> <p>Frcpc – a multivalent vaccine for cats: FR (feline rhinotracheitis), C (Calicivirus), P (panleukopenia (distemper)), C (Chlamydia Psittaci)</p> <p>FeLV - Feline leukemia virus is a retrovirus that infects cats.</p>
Rabies	<p>The rabies vaccination begins with an initial dose as a puppy or kitten above 12 weeks. The vaccine is then boosted one year from the initial dose date and then every 3 years after that.</p>
Bordetella (Canine only)	<p>Bordetella (kennel cough) is a noncore vaccine that is given to dogs that are frequently exposed to other dogs in boarding or social settings and may be required in certain kennels, training facilities, etc.</p>
SPCA tattoo	<p>Your pet will receive a permanent tattoo in the ear that is a combination of 3 letters and 3 numbers,</p>
Microchip	<p>A microchip is small, electronic chip that is about the same size as a grain of rice that is implanted under the skin, between the shoulder blades of an animal. The chip transmits the identification number to the scanner, which displays the number on the screen.</p>
Dewormer	<p>Please let your technician know your concerns with your pet to determine what type of dewormer is best suitable for their situation.</p>
Deciduous Teeth	<p>Retained deciduous teeth are baby teeth that are still in the mouth after the adult teeth have erupted. These teeth are recommended to be removed as soon as possible as they may cause difficulty in proper growth for the adult teeth.</p>
Preg/In heat/hernia – Female	<p>It is important that we are aware if your pet may be pregnant or in heat as this increases the risk of the surgery and requires more time under anesthetic as well as more material. A hernia is a separation in the abdominal wall that needs to be repaired.</p>

Surgical/Anesthetic Consent

****Please read over the following consent form. This is the same consent form that will be presented to you at the time of your pet's surgical intake and will be signed with a technician or veterinarian present****

Client Name:
Address:

Patient Name:
Species:
Breed:
Sex:
Color:
Birthdate:

Phone Number:

Weight: _____

Email:

Anesthetic and surgical procedure(s) to be performed: _____

-I, the undersigned owner or agent of the per identified above, authorize the staff of OLDS PIONEER VETERINARY SERVICES to perform the above procedure(s).

-I Understand that some risks always exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure(s) is/are initiated. I understand that the attending veterinarian will make every effort to contact me regarding treatment in the case of unforeseen emergencies.

-The staff may or may not have my permission to proceed with CPR and assume all expenses up to \$_____ I give my permission [yes]: I do not give my permission [no]:

-While I accept that all procedures will be performed to the best of the abilities of the staff at this hospital, I understand that no guarantee or warranty has been made regarding the results that may be achieved.

-I also assume full responsibility or any additional expenses incurred after the surgical procedure is performed, such as follow up radiographs, re-check physical exams and additional surgery due to post-op complications. These are more likely to occur when there is a failure to comply with the aftercare instructions.

-I am willing to have a student participate in the sugical/optional procedures of my pet with the understanding they will be strictly supervised by the veterinarian. **I accept I do not accept**

Indicate which if, if any apply	Y/N Details	Optional	Cost	Yes	No
Decrease in appetite?		Quote for above procedures?			
Increase in thirst?		Preanesthetic Blood Work			
Urinating or soiling in house?		Comprehensive Blood Work			
Vomitting?		Da2PP/FRCPC/FeLV			
Diarrhea or change in bowel movements?		Rabies			
Decrease in energy level?		Bordetella (Canine only)			
Unwilling to jump, run, or climb stairs?		SPCA tattoo			
Coughing?		Microchip			
Open mouth breathing? (cats only)		Nail Trim			
Unusual behaviours? Details?		Dewormer			
Allergy history - medications etc.		Deciduous Teeth			
Fasted?		Preg/In heat/hernia - Female			
		Ablation/Crypt/Hernia - Male			
		Dewclaws - Back			

List any medications currently taking	
List any nutritional supplements/herbal remedies	
Last heat	
Other procedures	Details to above questions

Dental Consent

****Please read over the following consent form. This is the same consent form that will be presented to you at the time of your pet's dental intake and will be signed with a technician or veterinarian present****

Client ID:	Patient ID:
Client Name:	Name:
Address:	Species: -
Telephone:	Sex:
Email	Color:
	Birth date:
	Weight: _____

I understand that it is vital that the veterinarian and/or staff of Pioneer Veterinary Services are able to reach me if there are questions and/or concerns regarding my pet. Please list a number that you can be reached at immediately in the case of an emergency. _____

Surgical Considerations:

In order to ensure that your pet can properly process and eliminate the anesthetic he/she is given, we will be performing a pre-anesthetic profile to confirm that your pet's organs are functioning properly. Performing this profile will reveal any hidden health condition that may put your pet at risk. **Pre-anesthetic blood work is mandatory for any pet over the age of 6 years undergoing anesthesia at our hospital.** Abnormalities may require postponement of an elective procedure, changes in anesthetic regimen, or require additional precautions to be taken during the procedures. IV fluids are mandatory for all patients undergoing dental care and are included in the dental price.

Tooth Extractions for Feline & Canine patients

The most common problem seen in dogs and cats is periodontal disease. This is a term used to describe inflammation or infection of the tissues surrounding the tooth. This can cause teeth to loosen or fall out. Teeth can also become chipped or abscess which results in a necessary extraction. Intra-oral radiographs will be taken to evaluate problems not seen by the naked eye such as tooth fractures, abscesses or infections, painful holes or erosions to help determine if extraction is necessary for the health of your pet. Radiographs are included in the dental price. If your pet should need one or more tooth extractions, it's necessary for the doctors at Pioneer Veterinary Services to perform the extraction(s). If extractions are necessary for the health of your pet, there will be an additional charge for this procedure.

Be aware

In some cases, if there is a lot of infection in the mouth or oral surgery is performed, your pet will be sent home with antibiotics. If there has been any oral surgery involved, your pet will have received "freezing" to minimize the pain, but they will also be sent home with pain medication for several days following surgery. The additional costs of pain medication and antibiotics are at the owner's expense.

Basic Dental Prices

Small Animal Dentistry - Routine

This includes anesthesia, IV fluids, radiographs, cleaning & polishing.

Small Animal Dentistry - Geriatric

This includes pre-anesthetic blood work, anesthesia, IV fluids, radiographs, cleaning & polishing.

Circle one answer for each question below
 Has your pet ever:

Has a seizure?	Yes	No
Been diagnosed with heart disease?	Yes	No
Been diagnosed with kidney disease	Yes	No
Been on any long-term medications?	Yes	No
If so, what medications?		
Previous quote given?	Yes	Amount?
Has your pet been fasted for surgery	Yes	No
Is your pet on a raw food diet	Yes	No

Circle or list **ALL** procedures that are to be completed today. This is required even if they have been discussed with any veterinarian and/or staff member previously. This will ensure that all desired procedures will be performed.

Small Animal Dentistry - Routine	Yes	No	N/A
Small Animal Dentistry - Geriatric	Yes	No	N/A
Extractions	Yes	No	Call first
Pre-Anesthetic Blood work under 6 years	Yes	No	N/A
Vaccines	Yes	No	
Rabies	Yes	No	
Nail Trim	Yes	No	

*******Before signing below please be sure you are available by phone should a question regarding your pet's health arise before, during or after their anesthetic procedure.*******

Read, sign and date the following:

I am the owner or agent of the animal listed above. I have the authority to execute this consent and am over the age of 18. I hereby authorize and direct the veterinarians of Pioneer Veterinary Services to perform the above described procedure(s). The nature and purpose of the procedure(s) has been explained to me and I understand that there is no guarantee of 0% risk regardless of diagnosis and/or treatment of said animal. If requested, I have had the fees outlined to me and agree to pay, in full, all such fees and charges at the time of discharge. These and charges may include those deemed necessary for the medical or surgical complications or unforeseen circumstances, unless expressly declined previously on this consent form. I also acknowledge, by signing this form that I have read and understand all information included on this form.

- **I understand that the attending veterinarian will make every effort to contact me regarding treatment in the case of unforeseen emergencies. If unable to contact me, the staff may or may not have my permission to proceed with life sustaining procedures. I give my permission [yes]: I do not give my permission [no]:**

I am willing to have a student participate in the surgical/optional procedures of my pet with the understanding they will be strictly supervised by the veterinarian. **I accept I do not accept**