

Anesthesia/ Surgery Form
COOPER VETERINARY HOSPITAL
5234 CYPRESS STREET
WEST MONROE, LA 71291

Last Name: _____ **First Name:** _____ **Patient Name:** _____

Last Meal: _____ a.m./ p.m. Last Water: _____ a.m./ p.m.

Has attitude and appetite been normal? Yes No
Any coughing, sneezing, vomiting, or diarrhea? Yes No

I consent and authorize Cooper Veterinary Hospital to perform the following procedure(s) or operation(s) on my pet. **<Patient>** <Species>, <Breed>, <Color>, <Age>, <Sex>
Procedures(s): _____

For the safety of your pet and others, your pet will receive any necessary vaccinations at current clinic prices

Procedures requiring anesthesia are always associated with a certain amount of risk, whether the patient is a person or a pet. Like you, we want to minimize that risk as much as possible. This requires a physical exam and pre-anesthetic tests. General anesthesia has become safer with the advent of newer drugs and better patient monitoring equipment. Some conditions, however, are not evident on a physical exam. To better ensure your pet's safety during anesthesia, we advise that the following pre-anesthetic tests be performed, even for elective procedures such as spays, de-claws, and castrations.

_____ **Pre-anesthetic Panel Profile # 1: Recommended for all pets -Dogs & Cats**
\$44.00 - Includes liver and kidney enzymes, total protein, glucose and CBC

_____ **Pre-anesthetic FELV/ FIV Panel # 2: Recommended for all cats**
\$36.00 – Test for 2 deadly common diseases in cats.

_____ **I DECLINE** this pre-anesthetic safety evaluation and do not hold Cooper Veterinary Hospital responsible if any anesthetic complications arise that might have been detected by these tests.

POST-OPERATIVE PAIN MEDICATION

Our pets do not show pain or complain as loudly as humans. They accept levels of pain that we could not imagine; however, it has been shown that humans have a faster recovery period if their pain is reduced. We believe the same is true for our pets, therefore, we advise that post-operative pain medication be administered.

Post-operative Pain Medication: \$15.00 ACCEPT or DECLINE

SPAY PATIENTS

An additional \$40 charge will be assessed for Spay patients that are in heat or pregnant.

FLEA INFESTATION

To prevent hospital infestation, a Capstar tablet will be given to any patient with signs of fleas. The Capstar tablet cost will be added to the final invoice.

I understand that any fees quoted are tentative and subject to change depending on each individual case. I understand also that payment is to be made in full when the service is performed or when I take my pet home. I understand that no guarantee of successful treatment has been made. I certify that I understand this release, and furthermore assume full responsibility of all charges accrued, including those deemed necessary for unforeseen circumstances or complications.

I hereby authorize the use of such anesthetics as you deem advisable and performance of such surgical, diagnostic, and therapeutic procedures that you determine are indicated. I also agree to pick up the above-mentioned pet when informed that it is ready to be released from hospitalization and to assume full responsibility of all fees.

Phone # where I can be reached today. _____

Signature _____ Dates: _____
(Signature of legal owner or responsible party)