

TREEHOUSE ANIMAL CLINIC SURGERY CONSENT FORM

Owners Name: <last-name> _____ **Date Printed:** <date> _____

Street: <address> _____

City: <city> **State:** <st> **Zip:** <zip> **Home Phone:** <phone> _____

Pet's Name: <animal> _____ **Sex:** <sex> _____

Species: <species> **Breed:** <breed> _____

Color: <color> _____ **Age:** <age> _____

- 1) **CONSENT:** This is my consent for the doctors at Treehouse Animal Clinic to perform the following treatment, _____ procedure, _____ and/or _____ surgery: _____ and to perform any other procedure that, at their discretion, may be useful in promoting the health of the animal described above. I do hereby release the doctors at Treehouse Animal Clinic and their representatives from any and all liability arising from said surgery on said animal.

Signed _____

- 2) **PRESURGICAL LABWORK:** If blood work has not been run in the past 30 days it should be done today. These blood tests, although not comprehensive, help evaluate the status of the liver and kidneys, and identify abnormalities such as dehydration and anemia. The cost of these tests in addition to surgery is \$ _____

I accept this service _____ I decline this service _____

Dr. Discretion _____

- 3) **MICROCHIP IDENTIFICATION:** The Microchip Identification System is inserted by injection under the skin, between the shoulder blades. During surgery is an ideal time to insert the chip and we highly recommend this procedure for your pet. The cost in addition to surgery is \$ _____.

I accept this service _____ I decline this service _____

- 4) **FOR DENTAL CLEANINGS ONLY:**

If Doctor deems necessary, I authorize a dental xray to be done (1st view \$ ___/additional views \$ ___) _____

Oravet Sealant & Home Kit \$ _____ Accept _____ Decline _____

Post-Anesthesia Discharge Instructions

Pet _____ Procedure _____ Date _____

- Food & Water:** Please limit food and water to ½ the normal amount for 24 hours.
If your pet was spayed or neutered today you may begin transitioning your pet to an adult diet over the next month, unless otherwise directed by your doctor. This will help prevent obesity.
- Exercise:** Please keep your pet from running, jumping and vigorous activity for 7 – 14 days after surgery. Leash walk dogs when outside.
- Wound Care:** Skin was closed with: Sutures / Glue / Staples / Left Open
 - Please keep all incisions clean and dry for 7 – 10 days. You may give your pet a sponge bath as long as incision stays dry.
 - Bandages need to stay clean and dry.
 - Clean drain(s) twice daily with a warm clean washcloth.
 - If sutures/staples are present please return in 10 – 14 days for suture removal.
- Declaws:** Your pet will have tender paws for the first few days, but should feel well.
 - Please check the paws daily to make sure litter is not sticking to the incisions.
 - Please use dust-free litter the first week after surgery. We carry Yesterday's News for that purpose.
- Please notify us if your pet develops any of the following:**
 1. Vomiting or diarrhea that does not resolve in 12 hours.
 2. Lethargy or refusal to eat after 12 hours.
 3. Bleeding from incision site that persists and is more than spotting.
 4. If your pet begins to cough and it persists for more than 3 or 4 days.
 5. Continuous licking, chewing, or scratching at incision site/bandage.
- Medications:** Give as directed.
- Recheck:** Appointment needed on _____.

Treehouse Animal Clinic
2000 Moores Mill Rd. Atlanta, GA 30318
(404) 355-7387

Emergency Clinic Numbers:
Cobb Emergency Clinic (770) 424-9157
Sandy Springs Emergency Center (404) 252-7881
Georgia Veterinary Specialists (404) 459-0903