



MEDALLION ANIMAL CLINIC

ANESTHESIA SAFETY AND PATIENT MONITORING PROGRAM



Date: ____/____/____

Patient Name: _____

Procedure: _____

Client Name: _____

The following are standard with our surgical procedures:

Patient Monitoring: Pulse Oximeter - Checks oxygen levels in the blood in tissues.

&/or Blood Pressure - Low blood pressure during surgery may lead to shock.

&/or ApAlert - Tracks frequency of breaths and notifies us if respiratory rate falls too low.

Thermal Water Pad: While your pet is undergoing surgery, it will be on a circulating warm water pad. This is to maintain body temperature and increase circulation to the legs and skin.

Pain Control: All surgical patients receive pain medication. This will relieve your pet's pain during the immediate post-operative period of 4 to 8 hours.

For your pet, the Doctor Strongly Recommends our: "A + Anesthesia Package"

Pre-Anesthesia Blood Tests: These tests are done in our lab. We check kidney, liver function, hydration, diabetes, electrolytes and complete blood counts. Abnormal numbers may indicate infection, anemia or organ problems.

Electrocardiogram (EKG): Basic screen for heart disease. Tests the electrical activity of the heart and may show valve or heart muscle disease.

IV Catheter and Fluid Therapy: When a patient undergoes general anesthesia, blood pressure and temperature decreases. To stop potential problems, an intravenous catheter is placed in a vein and warm fluids are given during surgery.

This is so important for the care of your pet that Medallion Animal Clinic gives a 30% discount on these recommended services.

____ Perform "A+ Anesthesia Package"

____ Decline All "A+ Anesthesia Package" items

____ Perform only checked items at list price.

I am the owner or caretaker of the pet. I assume responsibility of care after surgery and authorize the doctors at Medallion Animal Clinic to perform the surgery. I understand all surgeries and anesthetics involve a degree of risk and realize that results cannot be guaranteed. **While performing the surgery should the doctor find the procedure(s) to be more involved resulting in additional cost, I will be contacted at the phone number below. If I cannot be contacted, I authorize the doctor to perform the necessary procedure.** I understand that full payment is required when the patient is discharged.

Signature of owner/caretaker _____ Date: _____

Phone # _____ Cell # _____ Addl.# _____