

Surgical Supportive Care For Your Pet

Your pet is scheduled for an anesthetic procedure. We will take every precaution to insure that your pet receives the best medical attention that we can provide. We use the safest anesthetic agents available, many of which are utilized in human medicine. Every patient is monitored by a certified veterinary technician while under anesthesia, as well as pulse and blood oxygen saturation monitoring equipment. Although anesthesia is very safe, as in human medicine, it is not completely risk free.

In order to minimize the risks of anesthesia, all patients who are to be anesthetized receive blood work prior to anesthesia. Pre-anesthesia blood work allows us to screen for underlying disease such as liver and kidney disease, anemia, and dehydration. If your pet should have one of these diseases, we may alter the treatment your pet receives or even cancel the anesthetic procedure while other health concerns are addressed. Pre-anesthetic blood work can be performed within a short period of time prior to your pet's scheduled procedure. It is extremely important that we be able to contact you to discuss how our findings will affect the care of your pet.

Older patients and patients with previously diagnosed illness are at a greater risk for anesthetic related complications and require more extensive pre-anesthetic diagnostics. These will include a complete blood count (CBC), chemistry profile and thyroid level test. Urinalysis, ECG or radiographs (X-rays) may also be advised. These tests need to be discussed with a veterinarian and scheduled prior to the anesthetic procedure.

An additional method of reducing the risks of anesthesia is to place an intravenous catheter and provide intravenous fluids throughout the anesthetic procedure. This serves the following very important functions: provides immediate access to a vein if medications are indicated; helps to maintain blood pressure and provide a smooth and rapid recovery from anesthesia.

Prior to your pet's scheduled procedure we will perform the following test based on your pet's needs:

- Pre-anesthetic blood work-in hospital**
- CBC/Chemistry Profile and Thyroid level test-outside lab**

Our goal is to provide your pet with the best medical care possible. Unfortunately, a very tiny percentage of our patients could suffer an adverse reaction to any anesthetic agent. We cannot predict or test for such a reaction. The recommendations above are intended to allow us to assess and manage the anesthetic risks that we can identify. Please do not hesitate to contact us if you have any questions about this information or the scheduled procedure. One of our veterinarians or technicians would be happy to discuss your pet's individual needs and your concerns.

Bush Animal Hospital
2415 Oakmont Way
Eugene, OR 97401
(541) 342-7218

This is to confirm the surgery/dentistry appointment you have made for your pet. If it is necessary to cancel or reschedule this appointment, please call us at least 24 hours in advance.

Patient _____ Appointment Day/Date _____

Please read and follow the steps outlined to prepare your pet for surgery. This information is provided with your pet's safety in mind.

No food after 8:00 pm the day before surgery. Water is okay.

Drop your pet off between 8:00 and 8:30 am on the day of surgery.

NOTE: If you have made arrangements to drop your pet off earlier than 8:00 am, be sure that you go to the door near the rear of the hospital and press the call button to make the technicians aware of arrival.

Hospital/Surgical Information

Preparation - If appropriate, the skin surrounding the surgical area will be clipped and scrubbed with antiseptic. Equipment will be sterilized and the surgeon will antiseptically scrub and wear gloves, masks, gowns, and caps during the operation.

Anesthesia - Local or general anesthesia may be used. Some risk is involved, depending upon the general condition of your pet, age, etc. Surgery may occur as scheduled or be delayed, depending upon the doctor's determination after presurgical exam.

Heart/Respiration - Monitoring of these functions will occur during the procedure by one of our health care team members.

Post Surgical Care

We will call you after your pet recovers from anesthesia. Please let us know where you can be reached or feel free to call us for an update.

Both the staff and doctor will check your pet routinely during the hospital stay, and again just prior to discharge. The doctor or technician will meet with you when you pick up your pet to discuss the procedure and the post surgical care.

Please pick up your pet on (Day/Date) _____

NOTE: Generally, we hospitalize canine and feline ovariohysterectomies (spays) and canine orchidectomies (neuters) overnight so that we may allow them to quietly recover from their procedure and enable us to evaluate their surgical site and medical progress before their release from the hospital.

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Boarding Release Form

Client ID:
Client Name:
Address:

Telephone:

Patient ID:
Name:
Species:
Breed:
Sex:
Color:
Markings:
Birth Date:

Vaccinations

Vaccination

Given Date

Due Date

Feeding instructions: How much? _____ How often? _____

Special diet? (We feed Hill's Science Diets) _____

Are any medicines necessary while boarding? _____ yes _____ no

Give names of any medications and the dosage to be given:

Bedding, toys, etc: (Please make sure to label/identify these items) _____

REQUIREMENTS FOR BOARDING

1. All animals **MUST** have had a physical exam by a veterinarian at Bush Animal Hospital with the last year or one will be given at the time of admittance. This exam will be a comprehensive physical exam and will be charged at \$62.00.
2. All animals must be current on all vaccinations.
3. All animals must be free of external parasites (ex. ticks, fleas, etc.), or they will be treated at owner's expense.
4. Bush Animal Hospital has my permission to do whatever is necessary should an emergency arise.
5. If a tranquilizer is necessary for treatment or handling, Bush Animal Hospital has my permission to administer such medication.

I have read the boarding requirements and understand the hospital's policies.

Signed : _____

Contact phone numbers: _____

Return Date: _____