



LITTLE CRITTERS PETERINARY CARE

9/19 Mining St, Bundamba 4304
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ANESTHESIA/SURGICAL CONSENT

Weight	
HR	
RR	
Temp	
MM	
PID	
Pre-Med	

I am the owner of/agent for: Patient Name: _____ Breed: _____ Age: _____ Colour: _____

I understand that I am authorising the following procedure: _____

The estimated cost of the procedure is: _____

PRE- ANAESTHETIC QUESTIONNAIRE, Has your pet

- had previous anaesthetics? **Yes / No** If yes where there any complications? _____
- been unwell recently? **Yes / No** _____
- has tick paralysis in the last 6 months? **Yes / No** _____
- been diagnosed with a medical condition? **Yes / No** _____
- been prescribed any regular medications? **Yes / No** _____
- been given any medications today? **Yes / No** _____
- had food this morning? **Yes / No** If yes, how much and when? _____

ADDITIONAL ELECTIVE PROCEDURES: Please tick any additional services required

- Nail trim **\$9.00**
- Ear pluck, flush & clean **\$16.50**
- Anal gland expression **\$16.50**
- Microchip Implantation **\$50.00**
- Vaccination **C3 \$85.00 – C5 \$100.00 – F3 \$85.00 – FIV \$65.00**

INTRAVENOUS FLUIDS

All privately owned patients (with the exception of cat castrations) will receive intravenous catheterisation and fluid therapy during surgery. An intravenous catheter allows for immediate venous access should an emergency situation arise. Intravenous fluids will help maintain adequate blood pressure while under general anaesthesia.

PRE-ANAESTHETIC BLOOD TESTING

Pre-anaesthetic blood testing will give a more complete physiological picture of your pet's health and could identify health concerns not detectable on physical examination. Pre-anaesthetic blood testing is ideal for ALL patients, but is strongly recommended for patients over 5 years of age.

Please select your choice:

- Comprehensive Blood Test - **\$140.00** (the most comprehensive blood test – kidney and liver function, blood electrolytes, blood glucose)
- Chem 8 Blood Test - **\$85.00** (a more concise blood test – kidney function, blood electrolytes)
- I decline to have any pre-anaesthetic blood testing performed for my pet prior to anaesthesia and surgery.

DESEXING PROCEDURES

If my pet is undergoing desexing surgery, I accept that there may be a surcharge fee added to the above estimate if my pet is in-season, pregnant, overweight or if any other reason the surgery is more complicated than is expected/considered normal.

IN CASE OF EMERGENCY

I acknowledge and understand that there are no guarantees, either expressed or implied, that the procedures authorised by me will be without complications from unexpected events beyond the control of Little Critters or its Staff. If any complications should arise and my pet requires additional treatment, I give permission for the staff at Little Critters to provide any such treatments that are necessary for

the well being of my pet. I understand any such treatments incur costs additional to the estimate provided, and that I must pay for these services in full at the time of collection of my pet.

SOCIAL MEDIA

I give permission for my pet to feature on the Little Critters Peterinary Care social media accounts – **Yes / No**

FINANCIAL RESPONSIBILITY

I understand that the estimate provided above is only an estimate and given the possibility of unpredictable event occurring, may be subject to change. I acknowledge, accept and assume full and total financial responsibility for any and all services rendered by Little Critters Peterinary Care or its staff in the treatment of my pet. I agree to pay for such services, in full, when the services are performed or when my pet is picked up from Little Critters.

Owner/Agents Name: _____

Owner/Agents Signature: _____

Emergency contact telephone number: _____ **Date:** _____

POST OPERATIVE CARE

I have had my pet’s postoperative requirements fully explained to me and I provide with a POST OPERATIVE HOME CARE FORM to take home. I understand the importance of following the home care directions and further understand that failure to comply with these directions could be detrimental to my pet’s health.

Owners/Agents Signature: _____

OFFICE USE ONLY

- Owner contacted post surgery with update
- Text owner photo of pet once recovered
- Toilet walk once recovered/before discharge
- Discharge time confirmed. Time _____
- Discharged

Personal Belongings:
