



Treatment Consent Form

2285 N State Highway 3
North Vernon, IN 47265
1-812-346-3203 jenningsvet@yourvetdoc.com www.jenningsvets.com

Please note that the top half of this page will autocomplete on the document you will sign in our office. If there are changes to any of this information please complete this part so we may update our records.

Client Name: _____ Address: _____
Client Phones _____

_____ Email: _____

Pet Name: _____ Age: _____
ID: _____ Sex _____
Breed: _____ Color: _____

Alternate Contact Name: _____ Alternate Telephone _____

This form must be completed in full prior to admission for surgical or testing procedures as it provides information which is important to you, your pet, and your veterinarian. Please verify that the personal and patient information above, including telephone contact numbers, is correct for you at this time.

Please provide us a daytime number at which we may actually reach you if at all possible. If you have any questions on any part of this form please ask the doctor or assistant at the time of admission.

ADMISSIONS AND DISMISSALS:

We generally admit patients for surgery on the day prior to the scheduled surgical procedure. We will schedule an appointment for hospital admission during the day prior to the procedure. This may be during our morning, afternoon, or evening office hours to fit your schedule. This scheduling allow us time to answer your questions regarding the procedure, properly examine your animal, perform any pre-anesthetic testing, etc. This also allows your pet to calm down and settle into the hospital environment prior to the actual surgery. It also helps you avoid a rushed, crowded admission that would occur if all of our surgical patients were to be admitted at 8am on surgery day. We will require all pets coming into the kennel to be free of internal and external transmissible parasites and will administer an appropriate product if we deem it necessary.

Most of our surgical patients are kept in the hospital overnight after the procedure to allow a full recovery from anesthesia and to allow the staff an additional evaluation of the patient prior to dismissal. We will occasionally dismiss patients that were hospitalized for brief procedures such as dentals or imaging exams late afternoon on the day of the procedure. These early dismissals are done at the doctor's discretion. Dismissals may generally be done at your convenience between 9:00am and 5:30pm with an appointment. A staff member will speak to you regarding your pet and any procedures, after-care, medications, or test results.

If you plan for someone other than yourself to pick up your pet(s) at dismissal, please provide their name and telephone number. To avoid any misunderstandings we may refuse to dismiss your pet(s) to someone other than the owner without this authorization.

Alternate Dismissal Name _____ Telephone _____

ELECTIVE TESTING AND PROCEDURES

A. PRESURGICAL TESTING:

Various disease conditions may interfere with or affect the anesthetic experience, the surgical procedure, and healing and recovery after surgery. Pre-surgical chemistry profiles and blood counts may help the doctor to foresee these issues and deal with them in a timely and effective manner. The Complete Blood Count or CBC addresses various health issues that may be identified by examining the numbers and types of specific cells in the circulating blood of the animal. This test evaluates the red blood cell component to check for anemia which may indicate blood loss from parasitism, chronic disease, etc. The second part of a CBC evaluates the white blood cell component which may indicate infection or inflammation which may have an effect on surgical outcomes. Finally, the CBC evaluates the platelet component of the blood. Platelets are an integral part of the clotting process of the blood and as such it is very important that adequate platelets be present in the blood to allow proper clotting during and after surgery.

The Biochemical profile is a battery of test that may be performed to evaluate the general health status of your animal. Tests are performed to evaluate kidney function and liver enzyme levels. The liver and kidneys are important detoxifying and clearance organs which remove anesthetics and various other drugs from the body after the surgery. Additionally, protein levels in the blood are evaluated. Protein is important to the healing process in the tissues after surgery. If the animal is hypoproteinemic (low protein in the blood), then the animal may experience difficult or delayed healing as the body would not have the basic building blocks to perform tissue repair after the surgery. Other tests which may be indicated depending upon the age and apparent health status of your pet would include blood sugar (glucose), electrolytes such as sodium and potassium, and other enzyme levels which may provide information about the pancreas and other internal organs.

A final component of the pre-surgical testing which specifically applies to cats is testing for Feline Leukemia Virus (FeLV) and Feline Immunodeficiency Virus (FIV). These virus diseases may be transmitted from cat to cat by close contact, and particularly by bite wounds, etc. Once the infection has occurred the virus may or may not immediately cause disease, often entering a dormant state only to emerge at some later date and cause severe illness in the cat. We are often unsuccessful in treating these diseases and as such find that prevention is much preferred. Although this is a fairly costly test, if we do not know for certain whether your cat has been tested for these diseases we will recommend that this test be done prior to the surgery in an effort to avoid the development of active disease after the surgery.

I do want pre-surgical diagnostic tests, chemistry profiles and blood counts for my pet as indicated below:

Complete Blood Count Biochemical Profile Feline Leuk/FIV Virus Testing Heartworm Exam

I have been advised of and understand the benefits of pre-surgical testing for my pet and I **DECLINE** these services.

B. LASER SURGERY:

We are quite proud to have made the investment necessary to offer the laser surgery option to you and your pets. A laser is a very intense and focused beam of light that replaces the traditional scalpel or knife in surgery. The laser beam vaporizes the water in the tissue on a cellular level, allowing it to "cut" or remove a very small area of tissue. The laser seals nerve endings and blood vessels as it moves through the tissue, resulting in less bleeding, less pain, and virtually no trauma or injury to the surrounding tissues. The heat of the laser beam also kills bacteria and other microorganisms as it moves through the tissue, reducing the chance of infection. The benefits of laser surgery can be especially great for procedures such as de-claws, oral surgery, and tumor removals.

Laser Surgery Option: (please check mark to select or decline the laser surgery option)

I do wish to select the Laser Surgery Option for my pet.

I DO NOT wish to select the Laser Surgery Option for my pet.

C. PAIN MANAGEMENT:

Animals, like humans, experience pain during the recovery and healing phase following surgery. It has been shown that controlling pain not only make the animal more comfortable, but also improves the rate of healing and recovery.

1a. ANTI-INFLAMMATORY MEDICATION:

We will be providing pain relief medications for your animal as needed during hospitalization and immediate post-surgical period. We will offer you the option of additional anti-inflammatory to be administered at home for 3-5 days after your animal goes home. This medication may be a small tablet which is surprisingly well accepted by most cats, or it may be tablets or liquid to be administered orally one to two times daily for dogs. The choice of medications may vary depending upon the actual procedure, age of the patient, and other factors.

Post-Surgical at-home Anti-Inflammatory Option: (please check mark the desired pain management option for your pet)
 I do want to provide at-home anti-inflammatory medication for my pet.

I do NOT want to provide at-home anti-inflammatory medication for my pet.

1b. CAT NEUTERS ONLY: Zorbium-4 day topical pain control medication administered the night before surgery (this is not an option for cat spays or declaws).

I do want the staff to apply Zorbium to my cat

I do NOT want the staff to apply Zorbium to my cat

2. LOW LEVEL LASER THERAPY (LLLTT):

We also offer LLLT as an adjunct pain management protocol. This treatment modality involves using a Class IV laser medical device applied directly to the injured tissue. The effect of the laser light on the tissues reduces inflammation and pain, accelerates tissue repair and cell growth, improves vascular and metabolic activity, and reduces fibrous scar tissue formation in the wound to promote faster healing of the wound and decreased pain for the patient.

I do want to provide post operative cold laser therapy for pain management for my pet.

I do NOT want to provide post operative cold laser therapy for pain management for my pet.

D. VACCINATIONS AND OTHER PROCEDURES:

Rabies Vaccine Distemper Parvovirus Vaccine Kennel Cough Vaccine Intestinal Parasite Exam

Lyme Disease Vaccine Feline Distemper Vaccine Feline Leukemia Vaccine Microchip Identification

PROCEDURE APPROVAL:

I consent to and authorize the following procedures for my animal.

Procedure(s): _____

I have been advised of the nature of these procedures and the risks involved. I realize that results can not be guaranteed. I authorize the use of appropriate anesthetics and other medications, procedures and hospital staff as deemed necessary by the veterinarian.

I understand that additional and unforeseen procedures may be required, and authorize such procedures as are deemed necessary and desirable in the professional judgment of the veterinarian.

RELEASE OF INFORMATION:

Jennings Veterinarians, Inc. may only release patient records with written permission from the owner/agent, per Section 41.IC 25-38.1-4-5.5 Indiana State Law*. Medical records of your pet include written records and notes, radiographs, sonographic images, video recordings, photographs or other images, laboratory tests and verbal communications. Please understand that in signing this, information and verbal communications concerning your pet may occur with family members and others who may inquire about your pet and its care.

I agree to allow information regarding the treatment of my pet to be released to interested parties.

I agree to the publication of pictures, radiographic images and test results for my pet to be published **without** any personal identification information.

PAYMENT INFORMATION:

Payment due in full at time of discharge.

I understand that by signing this form that payment is due in full upon release of pet.

Signature: _____

Date: _____