

Maplebrook Pet Care Center
2811 White Bear Ave.
Maplewood, MN 55109
651-788-9006
Dr. Kristina Andrusko-Bipes
Dr. Amberleigh Barker
Dr. Sarita Patel

EXOTIC SURGICAL RELEASE

Owner Name:	Patient Name:
Street Address:	Breed:
City, State:	Age:
Zip:	Sex:
Phone:	Color:

Please take time to review this form. Initial and sign where applicable.

Our greatest concern is the well-being of your pet. However, **ANY** anesthetic procedure with exotic patients comes with a greater mortality risk. To minimize these risks associated with anesthesia and surgery, we will perform the following procedures in addition to a thorough physical exam.

PRESURGICAL BLOOD WORK (if applicable based on species):

This allows us to detect conditions that might not be apparent on exam. A complete blood count (CBC) will check for anemia, infection, and possible bleeding tendencies. A blood chemistry profile will check for liver and kidney disease and may indicate metabolic problems.

IV CATHETER AND FLUID THERAPY (if applicable based on species):

We will place an IV catheter prior to surgery and administer IV fluids while your pet is under anesthesia. This required procedure supports the cardiovascular system, maintains hydration, and allows rapid administration of drugs in case of emergency.

PAIN MANAGEMENT:

Post-surgical pain relief medications will be determined by the Doctor on an individual patient basis. This includes both in-hospital and at-home pain management.

SURGICAL PROCEDURE: _____

Do you give your pet any medications/supplements? YES NO

If YES, please list _____

If IV catheterization is unsuccessful (if applicable), I would like to:

_____ Reschedule surgical procedure, or

_____ Proceed with procedure WITH OUT IV access. I understand the greater risk associated with this method.

If Intubation is unsuccessful (if applicable), I would like to:

_____ Reschedule surgical procedure, or

_____ Proceed with surgical procedure using a mask only. I understand the greater risk associated with this method.

ADDITIONAL SERVICES:

Would you like a complimentary nail trim? YES NO

_____ I certify that I am the owner or that I am acting as the owner's agent for my pet and that I have the authority to execute this consent. I hereby consent and authorize Maplebrook Pet Care Center and its staff to perform the previously listed anesthetic and surgical procedure.

_____ The nature of this procedure has been described to me to my satisfaction and I understand the associated risks. While I accept that all necessary precautions will be taken, I understand that no guarantee or warranty has been made regarding the outcome of said procedure.

_____ I further agree that I am responsible for payment in full for these procedures and treatments at the time that my pet is discharged.

EMERGENCY RESUSCITATION

I acknowledge that in the event of an emergency, the treating doctor may not have time to call and discuss treatment options and cost prior to intervention. I authorize additional treatment as deemed necessary by the doctor in the event of an emergency, over and above the initial treatment cost discussed. This cost can include emergency medications, oxygen therapy, ventilation, chest compression and critical monitoring for up to one hour.

_____ (PLEASE INITIAL)

OR

DO NOT RESUSCITATE

I authorize **ONLY** the treatment previously discussed with the treating doctor and **DO NOT** authorize any additional treatment for <animal>.

I understand that unforeseen complications resulting from sedation and anesthesia can be serious, up to and including death and I do not want any interventions taken for <animal>.

_____ (PLEASE INITIAL)

SIGNED: _____ **DATE:** _____

TODAY'S PHONE NUMBERS: 1) _____
2) _____