

**CKVC/VMC Pre-anesthetic/Surgery Checklist**

**An anesthetic episode carries with it certain inherent risks. In order to minimize these risks we require that the patient be current on all vaccines and lab procedures that will affect overall health and ability to withstand the stress of anesthesia and surgery.**

**Requirements for Dogs** (Circle those items not current): *Vaccines:* Rabies, Distemper, Hepatitis, Leptospirosis, Parainfluenza, Parvovirus, Bordetella, and H3N8 Influenza age appropriate. *Labs:* Heartworm check in the last year if over 1 year of age and currently on heartworm preventative. If 7+ years of age a Mini-General Profile and Complete Blood Count.

***Recommended for Dogs:*** *Mini-General Profile, Complete Blood Count and fecal all ages.*

**Requirements for Cats** (Circle those items not current): *Vaccines:* Rabies, Distemper (Panleukopenia), Viral Rhinotracheitis, Calicivirus, Feline Leukemia, age appropriate. *Labs:* Feline Leukemia Test. If 7+ years of age a Mini-General Profile and Complete Blood Count.

***Recommended for Cats:*** *Mini-General Profile, Complete Blood Count, and fecal*

**\*Those patients not current on the required vaccines and laboratory procedures will be brought up to date at the client's expense prior to anesthesia.** If we do not have adequate records of vaccine and lab status within 3 hours of drop off for anesthesia, the patient will be updated in order to proceed on a timely basis.

**Check all procedures requested:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> <b>SPAY (FEMALE)</b>       | <input type="checkbox"/> <b>Dental Cleaning</b>   | <input type="checkbox"/> <b>Ultrasound</b>          |
| <input type="checkbox"/> <b>NEUTER (MALE)</b>       | <input type="checkbox"/> <b>Declaw Front</b>      | <input type="checkbox"/> <b>Radiograph(Xrays)</b>   |
| <input type="checkbox"/> <b>Toe Nail Trim</b>       | <input type="checkbox"/> <b>Microchip</b>         | <input type="checkbox"/> <b>Endoscopic exam</b>     |
| <input type="checkbox"/> <b>Anal Sacs expressed</b> | <input type="checkbox"/> <b>Other procedures:</b> | <input type="checkbox"/> <b>Special Lab Tests:</b>  |
| <input type="checkbox"/> <b>Other surgery:</b>      | _____   | _____   |
| _____   | _____   | <input type="checkbox"/> <b>MiniGeneral Profile</b> |
| _____   | _____   | <input type="checkbox"/> <b>Complete Blood Ct.</b>  |
|   |   | <input type="checkbox"/> <b>Fecal</b>               |

**Critical Historical Information** (Check those that apply):

- Pet has been in heat in last month, is pregnant, or recently delivered offspring.
- Pet has allergies \_\_\_\_\_
- Pet is on following medications: \_\_\_\_\_
- Pet last received medications when \_\_\_\_\_
- Pet's Major Medical Problems: \_\_\_\_\_
- Pet last ate when: \_\_\_\_\_ Pet last drank when: \_\_\_\_\_

**Pain Management and Antibiotic Therapy:**

Each pet that undergoes a surgical procedure will be given intra-operative and post-operative analgesics to control pain and inflammation. Where risk of infection is high or infection is already present, intra-operative antibiotic injections followed by post operative antibiotic therapy will be dispensed. **Anesthetic/Surgery estimates** are based on our best knowledge of the patient's condition. Certain issues create additional expense due to prolonging surgery or requiring additional care to insure safety of anesthetic procedure. We will do our best to stay within 10% of our estimate and try to contact you prior to exceeding this estimate. However, if we cannot reach you, we will always do what is in the best interest of the patient

**By signing below you acknowledge that you have read and understand the above:**

Client \_\_\_\_\_ phone: \_\_\_\_\_ date: \_\_\_\_\_

Pet's Full Name \_\_\_\_\_