



Fax: 703-360-1310

www.forthuntanimalhospital.com

GROWTH REMOVAL AND SURGICAL RELEASE FORM

First and Last Name:	Pet's Name:
Address:	Breed/Color:
City, State, Postal Code:	Sex:
Phone Number:	Current Weight (Obtain at Hospital):

I request and authorize Fort Hunt Animal Hospital to hospitalize my pet to have a growth removal procedure performed. An IV catheter and fluids are included in this procedure. An IV catheter and fluids are included in the cost of the procedure. An IV catheter allows immediate intravenous access in case of emergency and the administration of intravenous fluids to help maintain blood pressure and hydration during surgery. _____ Owner Initials

Laser surgery is available for an added cost for most growth removal procedures. There are many advantages to using the laser for surgical procedures. The laser cauterizes blood vessels as it cuts through tissue leading to decreased bleeding, swelling, and pain. It will also decrease the time taken to remove the growth and lessen anesthesia time. We offer the option of using laser for most procedures however your doctor will discuss with you if the laser will be required for the procedure.

I would like to use the laser for this growth removal. Yes _____ No _____

A biopsy of the removed growth may be deemed necessary by the doctor. Biopsies are performed at an outside laboratory by veterinary pathologists. Yes _____ No _____ Doctor's discretion _____

A microchip is a form of permanent identification that can be implanted while your pet is under anesthesia.

Yes _____ No _____ My pet is already chipped: _____

While under anesthesia, we can give your pet a nail trim for a reduced cost of \$9.00. Yes _____ No _____

Perioperative pain control is important for patient comfort and healing. Pain medication and treatments are provided before, during, and after procedures and may include a "cold" laser therapy if appropriate. There is an additional cost for the pain medication and treatments administered by the doctor. Your pet may also receive antibiotics while hospitalized. The cost is dependent on the antibiotic dispensed and the patient's weight. _____ Owner Initials

If your pet is found to have fleas treatment will be initiated at pet owner's expense. _____ Owners Initials

Would you like a formal estimate before the procedure? Yes: _____ No: _____ I have already received an estimate: _____

IMPORTANT! PLEASE READ CAREFULLY:

Fort Hunt Animal Hospital's healthcare team provides superior pet health care and caring attention to every family member every time. We strive to perform at our best and demonstrate an AAHA standard care of excellent veterinary practice. If for any reason your pet is in an emergency state and cardiopulmonary resuscitation (CPR) is needed, we require all hospitalized and boarding pets to have a "code" status to allow for the fastest response possible. Please initial one of the following options:

OPTION #1: MAXIMUM RESUSCITATIVE EFFORTS AUTHORIZED

I understand that there are risks associated with anesthesia and surgery, and that the doctors will do their best to minimize these risks. If my pet's vital signs change such that additional supportive treatment is needed, the veterinary team will proceed with supportive life-sustaining procedures. I request that the doctors and staff perform CPR procedures to revive my pet, which may include any or all of the following procedures: endotracheal intubation, oxygen support, administration of emergency drugs, and chest compressions. As with all services provided by Fort Hunt Animal Hospital, payment for these services will be made at the time they are rendered, regardless of the outcome. I accept that if the hospital staff is unable to reach me within 10 minutes after the initiation of CPR procedures, and after exercising reasonable medical judgment, determine that there appears to be virtually no hope for medical

success, they will cease further CPR procedures and administer a medication to help my pet pass peacefully (euthanasia). I understand that despite the best efforts of the doctors and staff at this facility, even the most successful CPR that restores my pet's life may not allow my pet to regain his/her normal mental and physical health. _____ Owners Initials

OPTION #2: DO NOT RESUSCITATE (DNR)

I understand that there are risks associated with anesthesia and surgery, and that the doctors will do their best to minimize these risks. If my pet's vital signs change such that additional supportive treatment is needed, I *do not wish* for Fort Hunt Animal Hospital to attempt resuscitation of my pet. I elect, instead, that the attending doctor administer a medication to help my pet pass away peacefully (euthanasia). This order does not affect comfort or other medically indicated care. _____ Owners Initials

Signature: _____

Phone number(s) where you can be reached during your pet's hospitalization: _____

Staff Checked In: _____