

Gateway Animal Hospital Ear Crop Surgery Consent Form

Procedure(s) to be performed: _____

Client's Name: _____ Pet's Name: _____ Date: _____

Ear cropping is a cosmetic surgical procedure that takes a lot of practice and patience by a skilled surgeon. Dr. Gary Edwards has many years of ear cropping experience and will require a consult before your procedure. This will ensure you will receive all of the information regarding this procedure and be able to explain what type of cut you desire. Bringing pictures to your consult and on the day of surgery are always very helpful.

The most important part of the ear cropping process is the recovery. There is never any guarantee that the ears are going to stand after the surgery has been done. Your dog's ears may need to be taped in order to have them stand appropriately. You will need to schedule many recheck exams with Dr. Edwards to evaluate the progress. The post-surgical exams, ear tapings and any additional medications are all in addition to the initial surgery price.

The control of pain is a very important aspect of the surgical procedure. Our goal is to minimize the inherent discomfort associated with all surgical procedures. Our ear crop patients will receive *pre-surgical pain medication* before anesthesia. Dr. Edwards will use a *CO2 laser* to cut the ears into the shape/length you have requested. This laser replaces a normal surgical scalpel blade and results in less surgical bleeding, less tissue swelling and reduced post-op pain. Incision sites are closed with suture and will need removal in 14 days. During the recovery period, our surgery technician will clean your dog's ears and trim the nails.

Medications and products that are included in your package:

- Your dog will have a prescription of **antibiotics** and **pain control** that will need to be given at home. *If your dog has any post-surgical complications, the doctor may add an additional injection or prescribe an oral medication of antibiotics or pain control. These medications will be an additional fee.*
- An **e-collar** will be fitted and placed on your dog during the post-surgical recovery period. This collar **MUST** stay on at all times during the healing process to prevent your dog from scratching or rubbing the surgical margins, tape and sutures.

Additional options

Blood testing: An in-house blood test is advised on all patients prior to anesthesia. Disorders of the liver or kidneys can only be detected through blood testing. Since most anesthetics are metabolized by the liver or kidneys, a disease in one of these organs can increase the risk associated with anesthesia.

YES / NO I would like to have **pre-op blood work** for an additional **\$49.50**.

If your dog is a **Doberman pinscher**, we will require a **von Willebrand's blood test** that will need to be performed at least 1 week before surgery. Von Willebrand's disease is a very common inherited bleeding disorder that affects several different breeds, but is most commonly associated with Dobermans.

Please initial here if your dog is a Doberman, you understand the risks involved and you **declined** to have this blood test performed. _____.

IV Catheter: An intravenous catheter is advised for all anesthetized patients. Catheter placement allows for the immediate administration of any necessary drugs in the event of an emergency.

YES / NO I would like to have an **IV catheter** placed for an additional **\$45.00**

YES / NO I would like to have a **Home Again microchip implant** for **\$69.00**.

YES / NO I would like to have any **deciduous (baby) teeth** removed that the doctor deems necessary. It is not unusual for patients to have deciduous teeth that have not fallen out, which can cause future dental issues. The cost is **\$6.30** per tooth that is extracted.

YES / NO I would like to have a **sedative** to help with post-op activity restrictions. (average cost **\$18.00**)

YES / NO I would like for my pet to have a **bath** before surgery. Bath prices are based on weight ranges.

Emergency CPR: In the event of a life-threatening situation, we will perform external **cardiopulmonary resuscitation (CPR)**. This includes life-saving emergency drugs, IV catheter placement, oxygen therapy, fluid therapy, resuscitation and any other procedures necessary to revive your pet.

Please initial here if you **DO** want to have **CPR** administered to your pet and you understand that there will be additional emergency procedure charges added to your invoice. _____

If you **DO NOT** want to have these life-saving procedures performed, your pet will be listed as DNR (Do Not Resuscitate). Please initial here if you **DO NOT** want **CPR** administered. _____

I give my permission to Gateway Animal Hospital to perform the above procedures and treatments.

I have read and understand this document fully to my ability. I understand the procedure to be performed on my pet and have no further questions at this time. I acknowledge there may be concealed health risks to my pet and release Gateway Animal Hospital from any unforeseen complications arising from anesthesia/surgery. I will be available at the phone numbers listed below at all times during the day of the procedure. If the doctor cannot reach either me or my emergency contact by phone, I agree to allow any treatment deemed medically necessary for the health of my pet.

Signed _____ Dated _____

1st contact # _____ 2nd contact # _____

Emergency contact – this person is allowed to make financial and medical decisions for you if you are unable to be reached.

Contact name: _____ Phone # _____