

Pet's Name: _____

Owner's Full Name: _____

Number(s) where you can be reached today: (H) _____ (W) _____ (C) _____

1. What procedure(s) is being performed today? _____
2. Is your pet on any medications? Yes No What? _____
When was the last time it was given? _____
3. When did your pet last eat? _____ Did you bring food today? Yes No
4. Is your pet allergic to any medications? Yes No What? _____
5. Does your pet have any chronic illnesses/diseases? Yes No
a) Give history if we have not seen this before _____
6. Have you been given an estimate? Yes No If not, would you like one today? Yes No Init: _____
7. If your pet is being spayed today and she is pregnant, would you like us to proceed with the procedure?
Yes No Actual pre surgical costs will be charged even if surgery is canceled.
*Please note that additional risks may be incurred due to increased blood supply to the reproductive tract as well as other complications; and additional fees will be charged due to prolonged procedure times.
8. If your pet goes into cardiac arrest, would you like us to administer advanced CPR? Yes No
9. Blood work can be preformed following sedation of your pet to help screen for underlying diseases. This procedure is recommended for any age animal but is most important in geriatric pets. (ie Rabbits >4yrs, Ferrets > 5yrs). (Bloodwork done on rodents, reptiles or birds will result in needing to reschedule surgery).
10. Do you wish to have blood work performed (there is an additional \$230.00 fee)? **Yes or No** ,
(If no then please read and sign the following statement: I do not authorize the pre surgical blood screen. I understand and assume all responsibility for the risks/complications resulting from this refusal. **Init:** _____)
11. Do you wish to have an ECG performed (there is an additional \$70.00 fee)? **Yes or No** ,
(If no then please read and sign the following statement: I do not authorize the pre surgical electrocardiogram. I understand and assume all responsibility for the risks/complications resulting from this refusal. **Init:** _____)
12. If the performance of the exam/surgery makes it apparent that other procedures should be performed at the same time, do you want us to: (Please mark one)
 - a) Contact you before performing the additional procedures? Number to be called _____
 - a) Perform the additional procedures without contacting you?
 - b) Do not perform the additional procedures.



13. Optional treatments/procedures available:

Tooth Trim (incisors only) \$15.90 Nail Trim \$21.20

Ear Tattoo \$15.90 Microchip \$49.99

Others _____

Please note that additional procedures will results in additional charges

14. Are there any special instructions/considerations we should know about? _____

15. It is anticipated that your pet will be released the same afternoon of his/her surgery. If you have questions or concerns about your pet going home the same day or needing additional care, please ask to speak to the Technician or Doctor before you leave today. Though we are open daily during the week we are not a 24 hour care facility. If your pet is scheduled for an overnight stay there is a period of time that your pet will be unattended.

Will you be able to take care of your pet tonight? Yes or No .

16. There will be times when the doctor feels that additional (go home) pain medication or antibiotics are needed. These will result in additional expense to you.

Comments: _____

SEDATIVE / SURGERY AUTHORIZATION

I am aware that all surgical procedures and all procedures requiring the use of sedative and/or anesthesia unavoidably entail a degree of risk to the animal. Alternatives to these procedures, as well as possible risks and consequences have been explained to me, and I understand that no guarantees regarding the outcome have been given me.

I understand that all professional services must be paid for in full at the time they are rendered.

I understand that if I do not arrive by 5 PM today to pick up my pet I will be charged a late fee of \$5 per minute until 5:30 PM. At 5:30 PM my pet will be taken home by Dr. Jackson for overnight care at a rate of \$1000.

Owner Signature: _____ **Date** ____/____/____

For staff use only:

For staff use only:

Client Number _____ pet name _____

Pick up time _____

Staff initials: _____

