

SURGICAL QUESTIONNAIRE

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. Was food withheld since **9pm** last night? Yes No Last time pet ate _____

3. Is your pet on any medications? Yes No What? _____
When was the last time it was given? _____

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 pet for this before _____

6. Have you been given an estimate? Yes No
a.) If not would you like one before your surgery begins Yes No **initial here:** _____

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.**

7.b. If your pet is being spayed today, has your pet had a heat cycle? Yes___ No___ , This is typically displayed as bloody like discharge/drainage from her vulva. If your pet is in heat or had a heat cycle **there** will be an additional charge due to the possible risk for more bleeding and additional suturing required for the pets safety. **Initial here**_____

8. **If your pet goes into cardiac arrest, would you like us to administer CPR? Yes \$150 10/min No**

9. Many conditions including disorders of the liver, kidneys, and heart are undetectable without blood screening and heart electrocardiograms. If your pet is **7 years old or older**, a blood test and ECG are **required**. If your pet is 2-6 years old, the blood test and ECG are strongly recommended. If your pet is younger than 2 years old, you may wish blood screening and ECG done as a baseline for comparison as your pet ages.

a.) My pet is >7 (over) years old, blood work and ECG will be done today if not previously done. **Initial here:** _____

b.) Your pet is <7 (under) years old, Do you wish to have blood work performed? **Yes or No** , I do not authorize the pre surgical blood screen. I understand and assume all responsibility for the risks/complications resulting from this refusal. **This is an additional \$230.00 as displayed on the estimate.**

c.) Your pet is <7 (under) years old, Do you wish to have an ECG performed? **Yes or No** , I do not authorize the pre surgical electrocardiogram. I understand and assume all responsibility for the risks/complications resulting from this refusal. **This is an additional \$70.00 as displayed on the estimate.**

SURGICAL QUESTIONNAIRE

10. 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 _____

b) Perform the additional procedures without contacting you? Limit to \$ _____

Do not perform the additional procedures.

If we cannot contact you within a 15 minute time period of calling you on your contact number listed above, the Doctor will make medical decision based on what is best for your pet. This can result in additional costs for your pet at this time or require a new procedure at a later date.

Initial here: _____

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

11. Optional treatments/procedures available:

Vaccines , Clean Ears (\$43) , Express Anal Glands (\$25) , Microchip (\$49.99) , Hip X-Ray (\$160) ,

Others _____

Please note that additional procedures will result in additional charges

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

13. 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.

14. There will be medications to go home with your pet. These will result in an additional expense to you.

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 transported to an ER facility for overnight care at a rate of \$1500.

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

For staff use only:

Client Number _____ *pet name* _____

Vaccines _____

Retained deciduous teeth _____

Umbilical hernia _____

Pick up time _____

Staff initials: _____