

Brogli, Lane, Weaver & Alexander Animal Hospital
SURGERY CONSENT FORM

Owner Name _____ Best Contact Number _____

Patient Name _____ Procedure _____

PLEASE READ THIS FORM & PROVIDE REQUESTED INFORMATION

I hereby authorize **Brogli, Lane, Weaver & Alexander Animal Hospital** to perform the above procedure **AND** any associated treatment procedures deemed advisable or necessary for my pet. The nature of the procedure has been explained to me and I realize that neither a guarantee nor warranty can ethically or professionally be made regarding the results or cure. Further, I understand that I assume financial responsibility for all services rendered and that **payment is due on the date of the surgery**. I am the owner/agent of _____.

ALL ANIMALS ADMITTED MUST BE CURRENT ON THEIR VACCINATIONS AND MUST BE FREE OF EXTERNAL PARASITES. ANY ANIMAL FOUND TO HAVE FLEAS, TICKS, OR OTHER EXTERNAL PARASITES WILL BE TREATED AT THE OWNER'S EXPENSE. ALL ANIMALS ARE SHAVED ON A LEG FOR IV CATHETER PLACEMENT.

Owner's Signature _____ **Date** _____

Please answer the following:

MEDICAL HISTORY

- | | | |
|---|------------|-----------|
| 1. Has your pet vomited or had diarrhea in the last 48 hours? | Yes | No |
| 2. Has your pet been coughing or sneezing out of ordinary in last 7 days? | Yes | No |
| 3. Has your pet eaten in the last 10 hours? | Yes | No |
| 4. Has your pet recently shown any signs of exercise intolerance? | Yes | No |
| 5. Has your pet had any change in eating or drinking habits in last 30 days? | Yes | No |
| 6. Is your pet allergic to ANY medications? | Yes | No |
| 7. Has your pet ever been diagnosed with a heart murmur or heart condition? | Yes | No |
| 8. Has your pet been diagnosed with any liver or kidney problems? | Yes | No |
| 9. Has your pet EVER had any adverse reaction to anesthesia to your knowledge? | Yes | No |
| 10. Has your pet had ANY medication in the past 24 hours? | Yes | No |
| 11. Has your pet experienced any trauma in the past 7 days? | Yes | No |
| 12. Has your pet experienced any major weight loss or gain recently? | Yes | No |
| 13. Does your pet have any medical problems that we do not know about? | Yes | No |
| 14. Is your pet current on vaccines and deworming? | Yes | No |
| 15. Is your DOG current on heartworm prevention? | Yes | No |

List **ANY** medications your pet is currently taking _____

If you answered YES to **ANY** of the above questions, please give details below

LABORATORY TEST WAIVER

Advances in anesthesia and surgery have made routine procedures relatively safe with a low rate of complications, nevertheless, occasional problems can arise due to pre-existing conditions not evident during routine pre-anesthetic examinations. Many anesthetic medications used on your pet are metabolized in the liver and eliminated through the kidneys. Any issues that could affect the function of these organs can cause serious harm to your pet and interfere with normal anesthetic recovery. To help avoid these problems, we recommend a blood profile. Results of these tests will help determine your pet's readiness for surgery. **ALL** surgical procedures do include risks with anesthesia. These tests will be performed (and you will be charged) unless you refuse them.

PLEASE CHOOSE **ONE** AND **INITIAL**
IF YOUR PET IS OVER 5 YEARS OF AGE-- BLOODWORK WILL BE REQUIRED IN ORDER TO ENSURE SAFETY FOR OUR OLDER PATIENTS!

Pre-Operative Bloodwork: _____

This is a bloodwork that analyzes your pet's circulating blood cells, measures protein, glucose, electrolyte levels and checks your pet's basic liver and kidney health. Abnormalities in any of these values can affect your pet while under anesthesia.

General Surgical Bloodwork: _____

Like the pre-operative bloodwork, this panel will analyze your pet's circulating blood cells and check liver and kidney health. Unlike the previous option, this choice will test your pet's cholesterol and extra liver values that could indicate a function problem that the pre-operative choice could not find. Also included here are tests of the phosphorus and calcium levels. Alterations to these levels are commonly observed with certain cancers and metabolic diseases. This panel will also screen for pancreatic disease.

Complete Surgical Bloodwork: _____

If you want the **best** option for your pet, this is our most comprehensive panel. This option is a combination of the General Health Bloodwork *plus* a thyroid level test. Thyroid level analysis is very important in our older patients or at-risk patients. Commonly in these patients, this level can be altered, which does affect overall pet health and can delay post-surgery healing.

I choose NOT to do any bloodwork _____

I am choosing not to have any bloodwork run on my pet today. My pet is UNDER 5 years old or my pet has had bloodwork in the last 6 months. I understand the risks of waiving pre-surgical bloodwork and take full responsibility if any complications occur that could have been prevented due to having had bloodwork prior to surgery.

For your convenience, please INITIAL any service below that you would like for us to do while your pet is here!

- _____ Nail Trim
- _____ Vaccines (any that your pet is coming due for)
- _____ Heartworm Test
- _____ Microchip
- _____ Anal Sac Expression
- _____ Ear cleaning and flushing and medicating
- _____ Ear Hair Removal
- _____ X-Ray for arthritis or tumor screen
- _____ Biopsy of Tumors or Lumps (per doctor discretion)

****ALL patients receive pain medication prior to surgical procedures****

I understand that I assume financial responsibility for **ALL** services rendered and/or agreed upon. Payment is due on the date of the surgery. Any medications and supplies purchased will be at an additional charge. **If we are unable to reach you at the emergency contact number, we will do what is medically necessary at the owner's expense.**

Signature of Owner/Agent _____

Signature of Technician _____