

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



**PLEASE READ THIS FORM & PROVIDE REQUESTED INFORMATION**

I hereby authorize **Brogli, Lane, Weaver & Alexander Animal Hospital** to perform the above procedure **AND** any treatment procedures deemed advisable or necessary for my pet. The nature of the procedure has been explained to me and I realize that neither 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 the animal described above.

Owner's Signature \_\_\_\_\_

Date \_\_\_\_\_

**ALL ANIMALS ADMITTED MUST BE CURRENT ON THEIR VACCINATIONS AND MUST BE FREE OF EXTERNAL PARASITES. ANY ANIMAL FOUND TO HAVE FLEAS OR TICKS WILL BE TREATED AT THE OWNER'S EXPENSE.**

**LABORATORY TEST WAIVER:**

If your pet is to be anesthetized, rest assured that 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. To avoid these problems, we recommend a blood profile to ensure that your pet is at low risk category prior to anesthesia. Results of these tests will help determine your pet's readiness for surgery. Depending on the results, we may adjust the dose or type of anesthetic used or advise in fluid therapy or delaying surgery. **ALL** surgical procedures do include risks with anesthesia. These tests will be performed (and you will be billed for them) unless you refuse. **Animals 6 years of age and older will not be anesthetized unless owner agrees to a Preanesthetic Chemistry Profile/CBC below in order to insure the safety of our older patients.**

**Please Initial that I:**

**Do \_\_\_\_\_ Do Not \_\_\_\_\_** \$47.50 - Pre-Anesthetic Bloodwork -  
This profile screens for basic kidney & liver function & diabetes / Complete Blood Count  
Assesses anemia & infection - these tests can detect serious problems.

**Do \_\_\_\_\_ Do Not \_\_\_\_\_** \$108.60 - General Health Bloodwork -  
This profile screens for the same as above + 6 other important parameters.

**Do \_\_\_\_\_ Do Not \_\_\_\_\_** \$126.50 - Geriatric Bloodwork -  
This profile screens for the same as above + thyroid disease.

**Do \_\_\_\_\_ Do Not \_\_\_\_\_** \$53.00 - Laser Surgery (only for certain procedures)

**Do \_\_\_\_\_ Do Not \_\_\_\_\_** \$31.80 - Post Operative Pain Medication To Take Home

**Do \_\_\_\_\_ Do Not \_\_\_\_\_** \$102.30 - Biopsy of Tumors &/or Lumps per Dr Discretion

**Do \_\_\_\_\_ Do Not \_\_\_\_\_** \$109.90 - X-Ray Survey

**Do \_\_\_\_\_ Do Not \_\_\_\_\_** \$55.00 each - Dewclaw Removal

\$29.10 OVH IN HEAT &/OR PREGNANT CHARGE

\$100.00 - \$150.00 COMPLICATED NEUTER CHARGE

While under anesthesia it is an opportune time to do other procedures. I authorize the below procedures for my pet:

**Yes \_\_\_\_\_ No \_\_\_\_\_** - Prices Vary - Vaccinations

**Yes \_\_\_\_\_ No \_\_\_\_\_** - \$19.40 - Ear Flush

**Yes \_\_\_\_\_ No \_\_\_\_\_** - \$38.40 - Heartworm Test

**Yes \_\_\_\_\_ No \_\_\_\_\_** - \$47.00 - Felv/Fiv Test

**Yes \_\_\_\_\_ No \_\_\_\_\_** - \$55.00 - Microchip

**Yes \_\_\_\_\_ No \_\_\_\_\_** - \$13.50 - Ear Hair Removal

**Yes \_\_\_\_\_ No \_\_\_\_\_** - \$13.30 - Nail Trim

**Yes \_\_\_\_\_ No \_\_\_\_\_** - \$16.10 - Anal Sac Expression

**Yes \_\_\_\_\_ No \_\_\_\_\_** - \$75.90 - \$93.40 - Teeth Cleaning **while under anesthesia**  
**for other procedure**

**Yes \_\_\_\_\_ No \_\_\_\_\_** - \$21.30 each - Tooth Extractions if medically necessary

I understand that I assume financial responsibility for **ALL** services rendered &/or agreed upon. Payment **IS** due on the date of the surgery or patient pick-up. 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 owner's expense.**

***Signature of Owner/Agent*** \_\_\_\_\_

***Receptionist/Technician*** \_\_\_\_\_

---

## SURGERY INFORMATION

---

To help insure your animal is healthy for anesthesia, please take a moment to answer these few questions. The following questions are **VERY** important to place your animal in the lowest possible risk category.

- |  |     |    |
|--|-----|----|
| 1. Has your pet vomitted or had diarrhea in the last 48 hours?                                     | Yes | No |
| 2. Has your pet been coughing or sneezing out of the ordinary in the 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 excercise intolerance?                                 | Yes | No |
| 5. Has your pets eating or drinking habits changed in the last 30 days?                            | Yes | No |
| 6. Is your pet allergic to <b>ANY</b> medications?   | Yes | No |
| 7. Has your pet ever been diagnosed with a heart murmur or other heart condition?                  | Yes | No |
| 8. Has your pet been diagnosed with any liver or kidney problems?                                  | Yes | No |
| 9. To your knowledge has your pet <b>EVER</b> had any adverse reaction to anesthesia?              | Yes | No |
| 10. Has your pet had <b>ANY</b> medication in the past 24 hours?                                   | Yes | No |
| 11. Has your pet had 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. Are their <b>ANY</b> medical problems that we do not know about?                               | Yes | No |
| 14. Is your pet current on Vaccines & Deworming?   | Yes | No |
| 15. Is your DOG current on Heartworm Prevention?   | Yes | No |
| 16. Do you prefer medications in the form of liquids or pills when the option is available to you? |     |    |

---

### What Medication Is Your Pet Currently Taking?

---

IF YOU ANSWERED YES TO ANY OF THE ABOVE, PLEASE GIVE  
DETAILS \_\_\_\_\_

## Technician Pre - Operative Examination

**Physical Exam:**

<b>1. Mouth/Teeth/Gums</b>	Normal	BABY TEETH	Broken	TARTAR	OTHER_____
<b>2. Eyes</b>	Normal	RED	Discharge	OTHER_____	
<b>3. Ears</b>	Normal	RED	Discharge	OTHER_____	
<b>4. Coat &amp; Skin</b>	Normal	RED	Hair Loss	FLEAS/TICKS	DRY/ITCHING
<b>5. Genital</b>	Normal	SWOLLEN	Discharge	OTHER_____	OTHER_____
<b>6. Heart/Lungs</b>	Normal	Needs Further Evaluation	Murmur	OTHER:_____	
<b>7. Nose/Throat</b>	Normal	Lumps	Discharge	OTHER:_____	
<b>8. Legs/Paws</b>	Normal	Lumps	Limping	Nails	OTHER:_____
<b>9. Gastrointestinal</b>	Normal	Palpation - _____	Distended	Other:_____	
<b>10 System</b>	Normal	Abnormal:_____			
<b>11 Weight</b>	Normal	Underweight	Overweight		