

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.

8. **If your pet goes into cardiac arrest, would you like us to administer advanced CPR? Yes 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. **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.

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.

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?

c) Do not perform the additional procedures.

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d) 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: _____

11. Optional treatments/procedures available:

Vaccines Nail Trim , Clean Ears , Express Anal Glands , Microchip , Hip X-Ray ,
Fluoride Treatment , Others _____

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. 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. If you choose 24 hour care you may request transfer to the Animal Emergency Center during the night. You will be required to transport your pet to the nighttime facility.

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

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

Please note that additional procedures will result in additional charges

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 at the time they are rendered.

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

Staff initials: _____