

Pre-Surgery Packet

Blood work:

Blood work is beneficial for all pets whatever their age. At Brookwood Veterinary Clinic, we require blood work for ALL PETS OVER 7 YEARS OF AGE. Any pet under 7 years is not required to have blood work drawn. **THIS DOES NOT MEAN THAT WE DO NOT RECOMMEND BLOOD WORK, BUT IT IS NOT REQUIRED.** We cannot suggest against it because we have been able to diagnose some young pets with kidney disorders at a young age. The blood work is offered at an additional price of \$140.00

Home Again Microchip:

The microchip is very beneficial for pets that get away from their owners or pets that are prone to get out of their surroundings. While pets are under anesthesia, we offer owners a \$10.00 discount on this service, making the price \$65.00

Additional Post-Operative Pain Medicine:

A post-operative pain injection is given to all pets that undergo anesthesia. A few days worth of pain tablets are included in your surgery price. More time consuming surgeries usually require additional take home pain medication. The additional cost for take home pain medication for dogs varies according to weight. The cost can be from \$15.00 to \$40.00. Please be advised any patient showing extreme discomfort or stress will be given a pain injection for a charge of \$75.00

The estimate provided includes all costs associated with the surgery, as well as all available options. Should you have any additional questions, please do not hesitate to contact our office at (919) 779-2940.

REMEMBER NO FOOD OR WATER AFTER 9:30 p.m. the night BEFORE surgery!! Have your pet at the office between 7:30 a.m. and 8:00 a.m. the morning of surgery. If your pet gets insulin DO NOT GIVE THE MORNING DOSE!

Kindly give our office a 24 hour notice if you are unable to keep your scheduled appointment, which will allow other patients the opportunity to be scheduled.

Failure to notify our office within 24 hours will result in an administrative fee of \$200.00 for surgical procedures, which will be assessed to your account.

Thank you in advance for your cooperation!

Surgical Release Form Pets Name: _____

Please provide the name and phone number of your preferred pharmacy for any additional medications that may need to be dispensed:

Pharmacy Name: _____ Pharmacy Phone Number: _____

PLEASE COMPLETE EACH SECTION OF THE FORM IN ITS ENTIRETY. Please mark only one choice for each section.

Release:

I hereby consent and authorize Brookwood Veterinary Clinic to perform: _____

Blood work:

Pre-anesthetic blood work is strongly recommended. Blood work helps our doctors to determine if the organs necessary for processing the anesthesia are in good health. If your pet is under 7 years of age, you may choose whether or not he/she has pre-anesthetic blood work. **If your pet is 7 years of age or older, pre-anesthetic blood work is required.**

_____ I choose the pre-anesthetic blood work and understand that there is an additional \$140.00 charge.

_____ My pet is under 7 years of age and I do not want blood work performed.

Vaccinations and Tests (RABIES VACCINATION IS REQUIRED FOR ALL PETS MUST PROVIDE PROOF):

If your pet is due vaccines, would you like for us to update them?

_____ Yes, please update my pets vaccines, heartworm check, and/or stool exam.

_____ No, please do not update my pet's vaccines, heartworm check, and/or stool exam.

CATS ONLY: Our office recommends testing your cat for FIV and Feline Leukemia.

I understand that if my cat is infected with FIV or Feline Leukemia it may infect other cats with casual contact such as grooming, sharing food and water bowls, and also by fighting with other cats.

_____ Yes, I would like my cat tested. The cost is \$80.00 which is a \$20.00 savings with surgery.

_____ No, Please do not test my cat for FIV and Feline Leukemia.

Microchip:

We offer the HomeAgain Microchip with an additional \$10.00 savings while your pet is under anesthesia. This life-saving tool can help return your lost pet if they come up missing. Most Animal Shelters, Veterinary Clinics, and Rescues have HomeAgain scanning devices so they can scan all lost animals that come into their facilities. **If you would like for us to implant this permanent identification for an additional \$65.00, please initial here: _____**

Elizabethan Collar:

Would you like an Elizabethan collar for your pet to prevent chewing and licking the incision (Additional \$27.00)

_____ YES

_____ NO

Please be advised that any patient showing extreme discomfort or stress will be given a pain injection for a charge of \$75.00.

This section is ONLY for pets that are having a Growth or Growths Removed:

Would you like us to send the growth/s off for a Histopathology? _____ YES _____ NO

1 Growth - \$165.00

2-4 Growths - \$200.00

5-8 Growths - \$220.00

YOU MUST LEAVE EMERGENCY CONTACT NUMBERS YOU CAN BE REACHED AT TODAY:

Emergency # _____ (easiest to reach) Additional Emergency # _____

If you do not answer the emergency numbers listed above about any questions that may arise during your pet's procedure, the doctor will make a decision at his or her discretion.

I have read the foregoing and agree to all conditions mentioned above. I understand the possible risks and complications associated with the procedure and have no further questions regarding the procedure. I understand that if I have questions regarding the procedure or the potential complications that I have the right to request a doctor consultation prior to the procedure. You are to use all reasonable precautions against injury, escape or death of my pet, but you will not be held liable or responsible in any manner in connection therewith as it is thoroughly understood that I assume all risks. If the pet is not called for within 5 days after the time specified for return the animal will be considered abandoned and may be disposed of as the doctor sees fit. It is understood that this does not relieve me from paying for all costs of services and use of your hospital including the cost of boarding. I understand that full payment is due at the time of pick-up and if I want an estimate for the procedure, I must request that now.

SIGNATURE _____ DATE _____