

Brookfield Veterinary Hospital
6535 E Lake Sammamish Pkway NE
Redmond, WA 98052



Client Name: _____

Patient Name: _____

Your pet is scheduled for a _____, which requires general anesthesia.

Our greatest concern is the wellbeing of your pet. Before any anesthesia is administered, we will perform a complete pre-anesthetic examination to identify existing medical conditions that could complicate the procedure and compromise your pet's health.

There is always the possibility that a pre-anesthetic exam alone will not identify all health problems. This is why **blood testing is required** prior to anesthesia. This does not guarantee the absence of anesthetic complications. It may, however, greatly reduce the risk of complications as well as identify medical conditions that could require treatment.

→ **Comprehensive Blood Panel:** This is the most complete blood screen available using our in-hospital laboratory. This panel includes: red blood cell counts, white blood cell counts, a check on kidney and liver function, electrolyte levels, and an additional pancreatic function test. **If your pet has not had a comprehensive blood screening performed and reported as 'normal' within three months of their scheduled anesthesia/sedation, this test will be run the morning of their procedure.**

Please select any services you would like performed while your pet is under anesthesia:

- | | |
|---------------------------------------|--------------------------------------|
| _____ Toe Nail Trim - \$5.25 | _____ Flea & Dewormer (price varies) |
| _____ Anal Gland Expression - \$28.69 | _____ Microchip - \$55.68 |

I, (or agent acting on owner's behalf) hereby authorize Brookfield Veterinary Hospital (or its agents or whomsoever is designated) to perform the above procedure. I understand that there are inherent risks with anesthesia and that a guarantee of a successful outcome cannot be made. These risks have been explained to me as completely as possible within reason. I also understand that Brookfield Veterinary Hospital will do their best to minimize these risks through pre-anesthetic blood testing, using the most appropriate and safest anesthetics available, and by using state of the art monitoring equipment. Furthermore, I agree to pay the fees for all services rendered at the time the pet is discharged from the hospital.

In the event of an unforeseen emergency, we will attempt to reach you without delay. Please know that we will take every precaution to ensure that your pet is safe and healthy enough to undergo their procedures today. Any known risks will be discussed with you. However, very rarely, emergencies do happen and we want to know your preference if no one can be reached. Please check your preference:

____ **Please proceed with life-saving measures. I accept responsibility for all costs incurred.**

____ **Please do not proceed with extreme life-saving measures. I accept responsibility for all costs incurred.**

Signature _____ Phone _____ Date _____

Would you like to be texted if we can't reach you by phone?

Yes text me _____ Mobile ph# _____

*** Standard rates will apply*

Payment for all services is due at time of service. We accept: Cash, Visa, MasterCard, Discover, American Express & Care Credit. **Checks are not accepted.**

Pre- Surgical Questionnaire
(Please fill out this form prior to your pets surgery)

Pet's name:

Date: _____

Your name:

Are you the owner: YES / NO

❖ What is your pet being seen for today?

❖ When did your pet eat last? _____

❖ Does your pet have any known allergies? ____ Yes ____ No

➤ If yes, please list:

❖ In the past 48 hours, has your pet experienced any of the following?

➤ Coughing ____ Yes ____ No

➤ Sneezing ____ Yes ____ No

➤ Vomiting ____ Yes ____ No

➤ Diarrhea ____ Yes ____ No

❖ Is your pet on any medications? ____ Yes ____ No

➤ If yes, please list medications & when they were last given:

❖ Do you have any additional concerns for the doctor today? ____ Yes ____ No

➤ If yes, please list below:

❖ What is your preference for administering antibiotics?

_____ Tablets to go home

_____ Liquid to go home

_____ One-time injection done at the hospital, beginning at \$75 (Price varies by pet's weight).

Flip for Release form →

Transfer Sheet

Date: _____ Weight: _____ Kg Age _____

Patient Name: _____ Last Name: _____

Contact # _____

Check in nurse: _____ Estimate range: Low _____ High _____

Reason for Visit: _____

Notes:

Procedures invoiced: (Initial) _____

Discharge set: (time) _____

Discharging nurse: _____

IPN Transfer of patient to nurse:

Treatments and procedures needed to be completed by transfer nurse:

Invoice complete: (initials) _____

Owner Called (initials) _____

RTG (initials) _____

Flip for Release form →