

# 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?

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❖ 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 →**

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



Client Name: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Your pet is scheduled for a \_\_\_\_\_ which requires general anesthesia/injectable sedation.

Our greatest concern is the safety and wellbeing of your pet. Before any anesthesia/injectable sedation 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/injectable sedation. This does not guarantee the elimination of anesthetic/injectable sedative 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 - \$5.00**

\_\_\_\_\_ **Anal Gland Expression - \$27.00**

\_\_\_\_\_ **Home Again Microchip - \$52.00**

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(s). I understand that there are inherent risks with anesthesia/injectable sedation 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/injectable sedative blood testing, using the most appropriate and safest anesthetics/injectable sedatives 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.

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.