

Client Name:		
Primary number:	Secondary Numb	er:
Patient Name:	Age:	Sex:
Breed:	Weight:	

Procedure: _

By signing this form, you authorize the doctor to treat your pet as necessary should he/she be unable to contact you at the number provided.

Authorization For Medical and Surgical Care:

I, the undersigned, authorize Brook Valley Veterinary Clinic veterinarians and staff to provide medical and surgical care warranted by my pet's condition. The veterinarian has discussed with me and I understand there are diagnostic and treatment options. Risks may include but not limited to procedural complications, infection, treatment failure and even death; and no guarantees can be made to the result or outcome.

Special Note, Please Read

If any parasites are found on your pet while visiting our facility, we will treat as necessary at the expense of the pet's owner. This is not optional and is for the protection of your pet and other pets in the clinic. Typical cost can range from \$8 - \$25. By signing below, you agree and understand to the special notes of this section.

Signature

Date

Sedation/Anesthesia Consent

Should the doctor recommend sedation for your pet, please initial and sign below to give consent. Sedation is a technique of administering sedative or dissociative agents with or without analgesics to induce a state that allows the patient to receive a surgical procedure while maintaining cardiorespiratory function. Different levels of sedation from a "light" sedation to "deep" sedation (analgesia) are used for different procedures. The use of pain medications also allows for a good plane of anesthesia and will be given to your pet before their surgical procedure. Please sign below if you accept sedation and pain control for your pet. By signing below, you agree to have been explained the risks of sedation to your satisfaction and give consent for sedation/anesthesia.

Pain control is not optional at Brook Valley Veterinary Clinic. All pets will receive injectable and/or oral medications for pain control at the expense of the pet's owner after any invasive surgery. The cost is \$20. Exceptions are made for feral animals unable to be handled.

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Pre-Anesthetic Blood Work

At Brook Valley Veterinary Clinic, we strive to practice high quality medicine. **WE STRONGLY RECOMMEND** that pets are properly screened through laboratory testing before anesthetic procedures **especially senior animals (5-8 years or older)**. The results of blood work screening can warn us about underlying conditions that could lead to possible complications. We are especially concerned with the condition of the liver and kidneys as these are the primary organs that metabolize anesthetic drugs.

SPECIAL NOTE, PLEASE READ

Anesthesia agents are considered very safe; although there is always risks involved with anesthesia and surgery. Brook Valley Animal Clinic will not be held responsible for any reactions your pet may experience to these medications.

Please initial what blood work panels you would like ran:

- _____ Senior (CBC,Chem 17, Electrolytes, Thyroid) \$165
- _____ Full (CBC,Chem 17, Electrolytes) \$129
- _____ Prep (CBC, Chem 10) \$75
- ____ CBC \$30 ___Chem 10 \$45 ___Chem 17 \$79 ___Electrolytes \$20
- _____ I Decline all blood work options understanding the risks involved.

By signing below, you are giving consent to the Veterinarians of Brook Valley Animal Clinic to sedate/anesthetize and perform the above listed procedures (unless specifically declined) and acknowledged that you understand the special notes explained in this section.

Signature

Date

Advanced Directive for Resuscitation Orders

I have discussed to my satisfaction the health status of my pet described above with the attending Veterinarian of Brook Valley Veterinary Clinic.

I understand in the event of my pet's heart/ or breathing stops (cardiopulmonary arrest); resuscitation efforts according to the advanced directive authorized below will be undertaken by the doctor and/ or staff of Brook Valley Veterinary Clinic. Furthermore, I understand the doctor and/ staff will immediately attempt to contact me via telephone at the number listed above on its form in the event of cardiac and/ or respiratory arrest of but my pet.

I request the following resuscitation effort to be implemented immediately by the doctor(s) and staff of Brook Valley Veterinary Clinic. (**Initial one**):

(_____) CARDIOPULMONARY RESUSCITATION

Description: I request the doctor(s) and staff to attempt to resuscitate my pet through the utilization of artificial respiration and/or heart compression, as well as administration of various emergency medications and/or fluids as deemed necessary and appropriate by the attending veterinarian.

(_____) DO NOT RESUSCITATE

Description: In the event my pet's heart and/ or breathing stops, I request no person shall attempt to resuscitate my pet and attempt. I do provide permission to attempt to contact me at the number(s) provided.

I, the undersigned, being sound of mind, voluntarily execute this order for my pet listed above, and I understand its full importance.



Additional Procedures

While your pet is under sedation/anesthesia it is a good time to have other procedures performed (nail trim, ear cleaning, vaccinations, microchipping, preventative testing, etc.) to cut back on the stress for your pet and saves you a from another trip.

*Intravenous Fluids (IV Fluids) during surgery is extremely beneficial and can greatly reduce the chance for cardiac complications and organ damage. It will aid in preventing dehydration and help in recovery of your pet after surgery. The cost is \$30. ____ Yes ____ Decline

*Felv/Fiv/HW Test screens for Feline Leukemia, Feline Immunodeficiency Virus and Heartworm. Cost of test is \$45. _____ Yes _____ Decline

*4Dx test can be run on your canine to test for heartworms and additional common tick-born dieses. This is required for heartworm prevention medication. Cost of test is \$37. ____ Yes ____Decline

*Microchipping is a permanent form of identification for your pet in the instance that they may become lost or stolen. The cost is \$75. ____Yes ____Decline

*Laser Therapy is a procedure that helps improve the healing process using photobiomodulation. The cost is \$15 ____Yes ____Decline

*Elizabethan Collar is a cone shaped collar that may be needed to prevent complications to the incision if your pet is able to lick or bite the site. Cost of collar ranges from \$8-\$20 depending on size. ____ Yes ____Decline

SPECIAL NOTE, PLEASE READ

All pets are required to be vaccinated for rabies according to state law if their health condition allows. If your pet has not had a rabies vaccine prior to their visit, or if proper documentation cannot be provided, the pet must be vaccinated for rabies while in the clinic at you the owner's expense. Our Rabies vaccine is \$25. We at Brook Valley Veterinary Clinic also require pets to be up to date on their RCCP or DHPP/DHLPP vaccine. Without proper documentation we will administer these vaccines at the cost to the owner. The cost of the vaccine is \$25 for cat or dog. By signing below, you agree and understand to the special notes of this section.

* If you would like any other procedures not listed above done while your pet is with us, please list them below.

Signature

Date

Employee initials