



# Brookeville Animal Hospital, LLC

22201 Georgia Avenue, Brookeville MD 20833

Phone: (301) 774- 9698 -- Fax: (301) 774- 0487

Website: [Brookevilleanimalhospital.com](http://Brookevilleanimalhospital.com)

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Laura Kane, D.V.M.

Kaylene Lyons, D.V.M.

Sharon A Milza, D.V.M.

Lisa Troutman, D.V.M.

Katherine Rowan, D.V.M.

## Pre-Op Questions

Client Name: <last-name> Patient's Name: <animal> Date: <appt-date>

1. What procedure is your pet having today?

Spay (Ovarianhysterectomy)

Neuter (Castration)

Mass Removal

Dental

Laceration Repair

Other

2. When was the last time your pet ate, including treats? What and how much? Last time your pet drank?

3. Has your pet had any vomiting or diarrhea within the last 7 days? If so when and how many times?

4. What Heartworm and Flea/Tick prevention is your pet on? When was it last given?

5. What medications and/or supplements is your pet taking?

Medication	Dose	Frequency	Last Given
1			
2			
3			
4			
5			

6. Is your pet having mass(es) removed (be prepared to show a technician where the masses are):

Mass	Location	Size	Description
1			
2			
3			
4			

Checked In By: \_\_\_\_\_



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## Surgery Release Form

Patient Name: <animal> Client Name: <last-name> Date: <appt-date>

While there are risks associated with general anesthesia, Brookeville Animal Hospital, LLC will take every precaution to minimize risk by performing the following:

- Physical exam prior to anesthesia
- Multi-parameter monitoring
- Intravenous (IV) catheter and fluid therapy
- Endotracheal intubation and oxygen therapy
- Injectable and inhalant anesthetics based on your pet's age and specific needs

### **Blood work:**

All patients admitted for surgery must have pre-operative blood work to screen for pre-existing internal conditions that may not be evident on a physical exam. The patient's age and health determine the blood panel that we perform.

#### **Patients under 8 years of age:**

**\*Pre-surgical screen:** BUN, Creatinine, ALKP, ALT, Glucose, Total Protein

**\*CBC**

\_\_\_\_\_ I accept

#### **Patients 8 years and older:**

**\*Vetscreen:** BUN, Creatinine, ALKP, ALT, Glucose, Total Protein, Albumin, Total Bilirubin, Phosphorus, Amylase, Cholesterol, Calcium

**\*CBC**

**\*Electrolytes**

\_\_\_\_\_ I accept

#### **All dogs over six (6) months of age must be on Heartworm prevention or have a current Heartworm test.**

\_\_\_\_\_ I have read and understand the requirement of the heartworm test (HLEA) prior to anesthesia

#### **All cats must have a feline leukemia/feline AIDs test, if not previously performed.**

\_\_\_\_\_ I have read and understand the requirements of a FELV/FIV/HWT Test prior to anesthesia

### **Microchip:**

We offer AVID Microchip Identification system. This procedure involves a small microchip implanted just underneath the skin, in between the shoulder blades. With this service, we also mail in your pet's registration.

Accept \_\_\_\_\_

Decline \_\_\_\_\_

**Laser Therapy:**

We offer laser therapy post-operatively to promote healing and recovery time.

Accept \_\_\_\_\_ Decline \_\_\_\_\_

We offer laser therapy post-dental procedures to promote healing and recovery time.

Accept \_\_\_\_\_ Decline \_\_\_\_\_

**For Dental Patients:**

If your patient is receiving a dental treatment, please note that during our exam and treatment we may find that one or more of his/her teeth may require x-rays, extractions, and/or doxirobe/clindoral (an antibiotic gel to bind gums back to the teeth).

- In this event do you authorize us to x-ray, extract, and/or the use of doxirobe/clindoral?

Accept \_\_\_\_\_ Decline \_\_\_\_\_

**Note for Clients that Decline the Above:**

In the event that our veterinarian finds a periodontal abnormality that desperately needs attention, we may attempt to contact you in order to receive treatment/removal authorization. Please be accessible at the number you have provided as your pet may be anesthetized at the time.

**Life Saving Procedures:**

I understand the procedures to be performed and the risks involved with those procedures. I also authorize the doctor and staff to perform life saving procedures deemed necessary in the event of an emergency.

Accept \_\_\_\_\_ Decline \_\_\_\_\_

I consent and authorize Brookeville Animal Hospital, LLC staff and doctors to do any and all necessary tests, treatments and surgeries for the care of my pet. I understand that with any medical procedure, there are risks involved and I accept these risks. I understand that although the staff and doctors will do their best to improve the health of my pet, there is no guarantee treatment will be successful. I certify that I understand this release, and furthermore assume full financial responsibility of all charges accrued.

I understand that my pet be considered abandoned if Brookeville Animal Hospital, LLC has not heard from me within seven (7) days of the expected date of discharge. Brookeville Animal Hospital, LLC is authorized to determine the best course of action for your pet, including euthanasia (putting to sleep).

**We Do Not Provide 24-Hour Supervision.**

**Financial Responsibility Agreement:**

I understand that payment is expected at the time services are rendered unless prior arrangements have been made. I understand that if this balance is not paid in a timely fashion, I will be responsible not only for the balance due but for a \$30.00 monthly billing fee (due to high cost of billing), as well as for any collection and/or reasonable attorney fees that are incurred in the attempt to collect this debt. I understand that a \$30.00 fee will be assessed for all returned checks.

Signature: \_\_\_\_\_

Name Printed: \_\_\_\_\_

Preferred number you can be reached at today: \_\_\_\_\_

\*It is important that we have a phone number where you can be reached if consultation is necessary while your pet is under anesthesia\*

If you cannot be reached would you like the veterinarian to proceed at his/her own discretion?

Yes

No