

ALTERED TAILS

7246 East Main Street, STE 3 Mesa, AZ 85207 | 480-807-1200
 950 West Hatcher Rd. Phoenix, AZ 85021 | 602-943-7729

Surgery Consent Form



ALTERED TAILS
BARNHART CLINIC
 Affordable Spay + Neuter

OWNER	Appointment Date: _____
	Owner First & Last Name/Rescue Organization Name: _____
	Address: _____ City: _____ State: _____ Zip: _____
	Best contact #: _____
	Secondary contact #: _____
	Email Address: _____

Pet Name:	Age: ____ years ____ months
<input type="checkbox"/> Dog <input type="checkbox"/> Cat	Breed:
<input type="checkbox"/> Male <input type="checkbox"/> Female	Color:

ANIMAL HISTORY	LAST TIME PET ATE:	
	Health Questions	
		Required: Yes or No Only
	Has your pet had an abnormal increase/decrease in food/water intake, vomiting/diarrhea, cough/sneezing within the past two weeks? If yes, please explain:	
	Are Vaccinations Current? Last time updated:	
	Has your pet every had a vaccine reaction?	
	Does your pet have a history of seizures?	
	Is your pet on any medications, or had any injections, in the last 30 days including insulin, thyroid, or steroids? If yes, list any medication and last time taken:	
Has your pet ever had any excessive or unusual bleeding? If yes, please explain:		
I hereby grant Altered Tails permission to use my and/or my pet's likeness in a photograph, video, or other digital media ("photo") in any and/or all its publications, including web-based publications, without payment or other consideration.		

Altered Tails Protocol		Required: Initials Only
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CATS ONLY	I understand that there is a possibility that my cat will not be able to be examined until after sedation.	Int:
	I understand my cat(s) will be required to leave the clinic in SEPARATE SECURE PET-APPROVED CARRIERS, and if my carrier is not suitable, or do not have a separate carrier for each cat, I will be charged for a cardboard cat carrier.	Int:

CONSENT	I understand that if my pet is in heat, pregnant, has pyometra (uterine infection), or is cryptorchid (undescended testicle(s)), I'm prepared to pay additional charges. We must terminate all pregnancies discovered during surgery.	Int:
	I understand there is a late fee of \$30 + \$5 per additional pet for animals picked up after 5pm.	Int:
	I have been given a chance to ask questions about the pre-surgical blood screening provided by Altered Tails and DECLINE at this time. (Required for ages 5-8yrs of age and at least 48hrs prior to surgery date. If you would like to elect pre-surgical blood work (\$40) prior to surgery or have questions about the pre-surgical blood work, please contact clinic).	Int:
	I understand that services not elected during check-in may not be able to be added on later.	Int:
	I understand that Altered Tails is HIGHLY recommending my animal receive a cone collar to prevent post-surgical complications. If I decline a cone collar at this time and the animal comes back for a re-check due to licking, chewing, or scratching of the incision, I understand that I will be charged for the recheck.	Int:

I either certify that my animal has been vaccinated within one year prior to this date or waive my right to protect my animal by having it vaccinated. I understand that I have the option to acquire vaccinations at the time of surgery. I understand that it takes up to two weeks for vaccinations to protect my animal.

I understand that anesthesia, surgery, and medications given involve some risk to my pet, including but not limited to pain, bruising, infection, and death. Should an emergency arise, I authorize the medical staff to sedate my pet and/or perform such emergency procedures as may be necessary for the health of my pet until I can be notified. I agree to pay, in full, all charges for necessary services rendered for and to my pet.

I understand that if my pet has had ticks or currently has ticks, they are at a higher risk for complications during or after the surgery which may require emergency care at owner's expense.

The clinic is to use all reasonable precautions against injury, escape, or death of my pet. The clinic and staff will not be held liable for any problems that develop, provided reasonable care and precautions are followed. I understand that any problems that develop with my pet will be treated as noted above and I assume full responsibility for the treatment expense incurred. I understand that Altered Tails is NOT open 24 hours a day; if my animal has medical issues after hours, I will need to take him/her to an emergency vet clinic at my own expense.

I understand that the clinic is not responsible for the loss or damage of personal items left with the pet including but not limited to leashes, collars, toys, crates, carriers, and bedding.

I understand that my pet will receive a small tattoo on his/her underside to show that he/she has been sterilized. (Mandatory)

Spaying and neutering have many health benefits but may contribute to urinary incontinence, some cancers, and some orthopedic problems in certain individuals. Consult your family veterinarian to decide on the best age to spay or neuter your pet based on breed and physical condition.

SIGNATURE OF OWNER OR AUTHORIZED AGENT:

DATE:

X

Add Any Additional Services (Check mark box) *** 3 days of post-op pain medication included with owned pet pricing.			
	CAT	DOG	PACKAGES
OWNED PET SERVICES	<input type="checkbox"/> E-Collar (\$12-\$17)	<input type="checkbox"/> E-Collar (\$12-\$17)	<input type="checkbox"/> Cat Package: (\$65) (FVRCP, FeLV, Rabies, and microchip) <input type="checkbox"/> Dog Package: (\$65) (DA2PP, Bordetella, Rabies, and microchip)
	<input type="checkbox"/> Feline Leukemia Vaccine (\$15)	<input type="checkbox"/> Take home sedative (\$12) (at doctor's discretion)	
	<input type="checkbox"/> FVRCP Vaccine (\$15)	<input type="checkbox"/> DA2PP (\$15)	
	<input type="checkbox"/> Rabies Vaccine (\$15)	<input type="checkbox"/> Bordetella Intranasal (\$15)	
	<input type="checkbox"/> Microchip (\$25)	<input type="checkbox"/> Rabies (\$15)	
	<input type="checkbox"/> FeLV/FIV Test (\$40)	<input type="checkbox"/> Microchip (\$25)	
	<input type="checkbox"/> Toenail Trim (\$5)	<input type="checkbox"/> Heartworm Test (\$40)	
	<input type="checkbox"/> Ear Mite Treatment (\$25)	<input type="checkbox"/> Umbilical Hernia (\$20)	
	<input type="checkbox"/> Deworming (\$10)	<input type="checkbox"/> Deworming (\$10)	
	<input type="checkbox"/> Umbilical Hernia (\$20)	<input type="checkbox"/> Toenail Trim (\$5)	
RESCUE SERVICES	RESCUE ORGANIZATIONS ONLY		
	Add Any Additional Services (Check mark box)		
	CAT	DOG	
<input type="checkbox"/> Microchip Insert	<input type="checkbox"/> Microchip Insert	<input type="checkbox"/> Microchip Insert	
<input type="checkbox"/> FeLV/FIV Test (provided)	<input type="checkbox"/> FeLV/FIV Test (provided)	<input type="checkbox"/> Unattached rear dew claw removal (rescue organizations only)	
<input type="checkbox"/> Rabies (provided)	<input type="checkbox"/> Rabies (provided)	<input type="checkbox"/> Rabies (provided)	
<input type="checkbox"/> 3 days post-op pain medication	<input type="checkbox"/> 3 days post-op pain medication	<input type="checkbox"/> 3 days post-op pain medication	

***Appointment Date:** _____ **Altered Tails Barnhart Clinic** 950 W. Hatcher Rd Phoenix, AZ 85021 602-943-7729
7246 E Main St. #3, Mesa AZ 85207 480-807-1200

Rescue Organization/ Owner First/Last Name: _____ **Best Contact #:** _____
Secondary Contact #: _____

Pet's Name: _____ **AGE:** ____ Years ____ Months ____ Weeks

CAT DOG **Breed:** _____ **Color:** _____
 MALE FEMALE

Aftercare instructions sent home with client on day of surgery

Exam Time		Gen. Appearance	N	AB
Weight (lbs.)		E/E/N/T/MM/Oral		
Temp (°F)		Musculoskeletal		
Pulse		Lymph Nodes		
Resp		Heart/Lungs		
Init:				
Services	Location/Route	Int.	Abdomen/UG	
DA2PP Vx	SQ RF		Skin/Coat	Dr. Init:

Borda Vx	IN	<input type="checkbox"/> Sedation required for full PE. Pre-surgical visual exam conducted	<input type="checkbox"/> Went Home / Declined
Rabies Vx	SQ RR	ml Hydromorphone 10mg/ml SQ IM	ml Acepromazine 10mg/ml SQ IM
Microchip	<input type="checkbox"/> Provided <input type="checkbox"/> Scanned SQ Intrascapular	ml Ketamine 100mg/ml IV	ml MKT* IM
Microchip sticker/#		ml Midazolam 5mg/ml IV	* MKT = Medetomidine (0.03mg/kg), Ketamine (5mg/kg), Butorphanol (0.3mg/kg)
FVRCP Vx	SQ RF	ml Meloxicam 5mg/ml SQ	ml Antisedan 5mg/ml IM SQ
FeLV Vx	SQ LR	ml Simbadol 1.8mg/ml SQ	Atropine: ml IT (0.4mg/ml)
FeLV/FIV Test	Results:	ml Buprenorphine 0.6mg/ml SQ	Epi: ml IT (1:1000)

Heartworm Test Results: _____
Pyrantel (50mg/ml) ____ ml X 2 doses
Local Block:
____ ml Lidocaine 2% per testicle
____ ml Bupivacaine 0.5% IP
Maintenance: Isoflurane
 Mask
 Intubation ____ endotracheal tube

Flea/Tick TX		Medical Notes:	TPR after induction
Ear Mite TX	Milbemite (0.1% milbemycin oxime) 0.2ml dose AU	<input type="checkbox"/> Nutrical given ____	Time Temp (°F) Pulse/Resp Initials
Nail Trim	<input type="checkbox"/> N/C	<input type="checkbox"/> Pre O2 ____ min Post O2 ____ min	/
Hernia		<input type="checkbox"/> ____ ml Naloxone 0.4mg/ml IV IM	Surgery Start/End Times
Dewclaw	X _____	<input type="checkbox"/> ____ ml Ondansetron 2mg/ml IV SQ	Start Time: End Time:

E-collar	7.5 10 12.5 15 20 25 30	<input type="checkbox"/> Karo syrup given PO during recovery ____	Maintenance
Oral Meloxicam (1.5 mg/ml): Give 1 syringe (____ ml) PO q 24hrs x 3d.		<input type="checkbox"/> In Heat Light Heavy	Time Temp (°F) Pulse/Resp Initials
Carprofen (____ mg): Give ____ tabs PO BID x 3d. # _____		<input type="checkbox"/> Pregnant Light Heavy	/
Oral Gabapentin (50mg/ml): Give 1 syringe (____ ml) PO q 12hrs x 3d.		Fetus: ____ @ ____ Trimester	/
Gabapentin (____ mg): Give ____ capsules PO q 12hrs x 3d. # _____		<input type="checkbox"/> Pyo/Hydro Light Heavy	/
Trazodone (____ mg): ____ tabs PO q 8-12hrs x 10d. # _____		<input type="checkbox"/> Crypt Inguinal Abdominal	/

Final Recovery: Normal AB _____				
Time	Temp (°F)	Pulse /Resp	MM	INT
		/		

Post-Surgical Notes:
 Cautery Used
 Iced Incision
 Scrotal Wrap
 ____ ml LRS given SQ
***Surgery Notes attached to second page**

Vaccine Stickers

Date: _____ Pet Name: _____ Rescue/Owner Name: _____

SURGERY FORM

Feline Neuter:

Incision made over each testicle. A closed technique is used to auto-ligate cords. Incision(s) left open to heal by 2nd intention. Tattoo applied near the umbilicus.

- Two skin incisions One skin incision
 Splash block of Epi (1:1000) and Lidocaine (2%), in a 1:9 ratio, used

Feline Spay:

Incision made on ventral midline. Suspensory ligaments cut and ovarian pedicles ligated. Uterine body ligated with one Modified Miller's knot. Linea closed with a cruciate pattern. Subcutaneous and intradermal layers closed in a Modified Colorado pattern. Tissue glue applied over skin incision. Tattoo applied near the incision.

Suture used: Pedicles auto-ligated / _____, uterus: _____, body wall: _____, skin: _____

- Broad ligaments ligated Uterine horns ligated separately
 Uterus double ligated Stick ties

Canine Neuter:

Prescrotal incision made. Testicles exteriorized and cords digitally stripped down. Cords each ligated with one Modified Miller's knot. Modified Colorado closure pattern. Tissue glue applied over skin incision. Tattoo applied near the incision.

Suture used: Cords _____, Closure _____

- Cords double-ligated
 Splash block of Epi (1:1000) and Lidocaine (2%), in a 1:9 ratio, used

Canine Spay:

Incision made on ventral midline. Ovarian pedicles ligated with one Modified Miller's knot each. Uterine body ligated with one Modified Miller's knot. Linea closed with a cruciate pattern. Subcutaneous and intradermal layers closed in a Modified Colorado pattern. Tissue glue applied over skin incision. Tattoo applied near the incision.

Suture used: Pedicles: _____, uterus: _____, body wall: _____, skin: _____

- Broad ligaments ligated Uterine horns ligated separately
 Uterus double ligated Stick ties
 Pedicle(s) double ligated

Puppy neuter:

Incision made on median raphe. A closed technique is used to auto-ligate cords. Skin incision folded over and glued. Tattoo applied near the incision.

- Tunic opened, then tunic and cord auto-ligated separately

Additional Notes:

Doctor Signature: _____