

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

www.alteredtails.org

Mesa Phoenix
 950 W Hatcher Rd
 Phoenix AZ 85021
 (602)943-7729
 phoenixinfo@alteredtails.org
 7246 E Main St, Suite 3
 Mesa AZ 85207
 (480)807-1200
 mesainfo@alteredtails.org

OWNER

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

ANIMAL

Pet Name: _____ **Age:** _____ years _____ months
 DOG CAT **Breed:** _____ **Color:** _____
 MALE FEMALE

Last time pet ate: (to be filled out during check in)

Health Questions

REQUIRED
(check Yes or No)

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: Yes No

Are vaccinations current? Last time updated: Yes No

Has your pet ever had a vaccine reaction? Yes No

Does your pet have a history of seizures? Yes No

Is your pet on any medications, or has he/she had any injections, in the last 30 days including insulin, thyroid, or steroids? If yes, list any medication and last time taken: Yes No

Has your pet ever had any excessive or unusual bleeding? If yes, please explain: Yes No

Is your pet pregnant? Yes No Maybe

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. Yes No

Altered Tails Protocol

REQUIRED:
Initials Only

CATS ONLY

I understand that there is a possibility that my cat(s) 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. If my carrier is not suitable, or I do not have a separate carrier for each cat, I will be charged for a cardboard cat carrier. Int: _____

DOGS AND CATS

I understand that if my pet is in heat, pregnant, has pyometra (uterine infection), hydrometra, or is cryptorchid (undescended testicle(s)), I am prepared to pay additional charges. We must terminate all pregnancies discovered during surgery. Int: _____

I understand that Altered Tails is not a 24 hour facility and any pet(s) picked up after 5:00pm will incur a late fee of \$30 plus \$5 for every additional pet; Additional fee(s) will incur after 5:30pm at clinic discretion. 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 completed at least 48hrs prior to surgery date. If you would like to elect pre-surgical blood work (\$45) prior to surgery or have questions about the pre-surgical blood work, please contact the clinic location you are schedule at). 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:

Owned Animal Surgery Pricing <i>(3 days post-op pain medication included for owned animals)</i>	CAT		DOG	
	Cat Spay: \$90 Cat Neuter: \$75		Dog Spay (Under 51lbs): \$127 Dog Spay (51-100lbs): \$157 Dog Neuter (Under 51lbs): \$112 Dog Neuter (51-100lbs): \$132	Dog Spay (Over 100lbs): \$150 + \$1 extra for every pound over 100lbs. Dog Neuter (Over 100lbs): \$125 + \$1 extra for every pound over 100lbs.
ADDITIONAL FEES <i>(Cats and Dogs)</i>	In-Heat: additional \$25 (cats) \$35 (dogs) Pregnant: additional \$40 (cats) \$50 (dogs)		Pyometra: Contact clinic for pricing Cryptorchid: additional \$25-\$50	

ADDITIONAL SERVICES
(AVAILABLE ON DAY OF SURGERY ONLY)

Services requested when appointment was scheduled are listed below	Add additional services that weren't elected when appointment was scheduled below <i>(Services elected upon scheduling are listed to the left; any changes MUST be mentioned morning of check in)</i>		
«TableStart:Services» «ItemName» «TableEnd:Services»	CAT SERVICES	DOG SERVICES	PACKAGES
	<input type="checkbox"/> E-Collar (\$15) <input type="checkbox"/> Feline Leukemia Vaccine (\$20) <input type="checkbox"/> FVRCP Vaccine (\$20) <input type="checkbox"/> Rabies Vaccine (\$20) <input type="checkbox"/> Microchip (\$30) <input type="checkbox"/> FeLV/FIV Test (\$45) <input type="checkbox"/> Toenail Trim (\$10) <input type="checkbox"/> Ear Mite Treatment (\$35) <input type="checkbox"/> Deworming (\$15) <input type="checkbox"/> Umbilical Hernia Repair (\$30) <input type="checkbox"/> Flea/Tick Preventative (\$20) <input type="checkbox"/> 3 days post-op pain medication (\$15) (rescue organization only)	<input type="checkbox"/> E-Collar (\$15-\$30) <input type="checkbox"/> Take home sedative (\$15) <i>(At doctor's discretion)</i> <input type="checkbox"/> DA2PP Vaccine (\$20) <input type="checkbox"/> Bordetella Intranasal Vaccine (\$20) <input type="checkbox"/> Rabies Vaccine (\$20) <input type="checkbox"/> Microchip (\$30) <input type="checkbox"/> 4Dx Test (\$45) <input type="checkbox"/> Umbilical Hernia Repair (\$30) <input type="checkbox"/> Unattached Rear Dewclaw Removal <i>(at doctor's discretion) (\$25 per dewclaw)</i> <input type="checkbox"/> Deworming (\$15) <input type="checkbox"/> Toenail Trim (\$10) <input type="checkbox"/> Flea/Tick Preventative (\$20) <input type="checkbox"/> 3 days post-op pain medication (\$15) (rescue organization only)	<input type="checkbox"/> Cat Package: (\$80) <i>(FVRCP Vaccine, FeLV Vaccine, Rabies Vaccine, and Microchip)</i> <input type="checkbox"/> Dog Package: (\$80) <i>(DA2PP Vaccine, Bordetella Vaccine, Rabies Vaccine, and Microchip)</i>

*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/Owner Name:				Phone #:		
*Pet's Name:				AGE: years months		
<input type="checkbox"/> DOG <input type="checkbox"/> CAT		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		Breed:		Color:
<input checked="" type="checkbox"/> Aftercare instructions sent home with client on day of surgery						
Exam Time		Gen. Appearance		<input type="checkbox"/> N <input type="checkbox"/> AB <input type="checkbox"/> QAR <input type="checkbox"/> BAR <input type="checkbox"/> Other:		
Weight (lbs.)		E/E/N/T/MM/Oral				
Temp (°F)		Musculoskeletal				
Pulse		Lymph Nodes				
Resp		Heart/Lungs				
Services		Location/Route		Int.		Abdomen/UG
DA2PP Vx		SQ RF				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		<input type="checkbox"/> Provided SQ RR		ml Hydromorphone 10mg/ml SQ IM		ml Acepromazine 10mg/ml SQ IM
Microchip		<input type="checkbox"/> Provided SQ Intrascapular		ml Ketamine 100mg/ml IV		ml MKT* IM
<input type="checkbox"/> Scanned				ml Midazolam 5mg/ml IV		* MKT= Medetomidine(0.27mg/ml), Ketamine (46mg/ml), Butorphanol (2.67mg/ml)
Microchip sticker/#				ml Meloxicam 5mg/ml SQ		ml Antisedan 5mg/ml IM SQ
				ml Simbadol 1.8mg/ml SQ		Atropine: ml IT (0.4mg/ml)
FVRCP Vx		SQ RF		ml Buprenorphine SR 3mg/ml SQ		Epi: ml IT (1:1000)
FeLV Vx		SQ LR		Local Block: _____ml Lidocaine 2% per testicle _____ml Bupivacaine 0.5% IP		
FeLV/FIV Test		Neg / Pos				
<input type="checkbox"/> provided		FIV Neg / Pos		Medical Notes: <input type="checkbox"/> Nutrical given _____ <input type="checkbox"/> Pre O2 _____min <input type="checkbox"/> _____ml Naloxone 0.4mg/ml IV IM <input type="checkbox"/> _____ml Ondansetron 2mg/ml IV SQ <input type="checkbox"/> _____ml PenG 300,000 IU/ml SQ <input type="checkbox"/> _____ml Convenia 80mg/ml SQ		
4Dx		Anaplasma Neg / Pos				
		Ehrlichia Neg / Pos		TPR after induction <input type="checkbox"/> Mask <input type="checkbox"/> Intubation _____endotracheal tube		
Initials		Heartworm Neg / Pos				
		Borrelia Neg / Pos		Surgery Start/End Times Start Time: End Time:		
Pyrantel (50mg/ml)		_____ml X 2 doses				
Flea/Tick TX				Maintenance Time Temp (°F) Pulse/Resp Initials		
Ear Mite TX		Milbemite (0.1% milbemycin oxime) 0.2ml dose AU				
Nail Trim		<input type="checkbox"/> N/C		In Heat Grade 1 Grade 2		
Hernia		Reducible Nonreducible				
Dewclaw		X_____ <input type="checkbox"/> Attached		Pregnant Grade 1 Grade 2		
E-collar		7.5 10 12.5 15 20 25 30				
<input type="checkbox"/> Provided by client <input type="checkbox"/> Client declined				Fetus: _____ @ _____ Trimester		
Oral Meloxicam (1.5mg/ml): Give 1 syringe (_____ml) PO q 24hrs x 3d.						
Oral Carprofen (_____mg): Give _____tabs PO SID x 3d. # _____				Pyometra Light Heavy		
Oral Gabapentin (50mg/ml): Give 1 syringe (_____ml) PO q 12hrs x _____days						
Oral Gabapentin (_____mg): Give _____capsules PO q 12hrs x 3d. # _____				Hydrometra Light Heavy		
Oral Trazodone (_____mg): _____tabs PO q 8-12hrs x 10d. # _____ <input type="checkbox"/> O declined						
				Cryptorchid Inguinal Abdominal		
				Unilateral <input type="checkbox"/> L <input type="checkbox"/> R Bilateral		
				Final Recovery: Normal AB Time Temp (°F) Pulse /Resp MM INT.		
				Post-Surgical Notes: <input type="checkbox"/> Cautery Used <input type="checkbox"/> Scrotal Wrap <input type="checkbox"/> Iced Incision _____min. <input type="checkbox"/> _____ml LRS given SQ		
				<i>*Surgery Notes attached to second page</i>		

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:

- Pre-scrotal incision made.
 Scrotal Neuter

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:

Dr. Signature: _____