

# 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



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

ANIMAL	<b>Pet Name:</b> _____	<b>Age:</b> _____ years _____ months
	<input type="checkbox"/> DOG <input type="checkbox"/> CAT <b>Breed:</b> _____ <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<b>Color:</b> _____

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:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are vaccinations current? Last time updated:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has your pet ever had a vaccine reaction?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your pet have a history of seizures?	<input type="checkbox"/> Yes <input type="checkbox"/> 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:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has your pet ever had any excessive or unusual bleeding? If yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is your pet pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Altered Tails Protocol	REQUIRED: Initials Only
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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:
	<b>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.</b>	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:
	<b>I understand that services not elected during check-in may not be able to be added on later.</b>	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>

<b>*Date:</b> /    /		<b>Altered Tails Barnhart Clinic</b>			950 W. Hatcher Rd Phoenix, AZ 85021 602-943-7729 7246 E Main St. #3, Mesa AZ 85207 480-807-1200			
<b>*Rescue/Owner Name:</b>					<b>Phone #:</b>			
<b>*Pet's Name:</b>					<b>AGE:</b> years    months			
<input type="checkbox"/> DOG <input type="checkbox"/> CAT		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		<b>Breed:</b>		<b>Color:</b>		
<input checked="" type="checkbox"/> Aftercare instructions sent home with client on day of surgery								
<b>Exam Time</b>		<b>Gen. Appearance</b>		N    AB		<input type="checkbox"/> QAR <input type="checkbox"/> BAR <input type="checkbox"/> Other:		
<b>Weight (lbs.)</b>		E/E/N/T/MM/Oral						
<b>Temp (°F)</b>		Musculoskeletal						
<b>Pulse</b>		Lymph Nodes						
<b>Resp</b>		Heart/Lungs						
Init: _____								
<b>Services</b>	<b>Location/Route</b>	<b>Int.</b>	<b>Abdomen/UG</b>					
<b>DA2PP Vx</b>	SQ RF		<b>Skin/Coat</b>				<b>Dr. Init:</b>	
<b>Borda Vx</b>	IN		<input type="checkbox"/> Sedation required for full PE. Pre-surgical visual exam conducted		<input type="checkbox"/> Went Home / Declined			
<b>Rabies Vx</b>	<input type="checkbox"/> Provided    SQ RR		ml Hydromorphone 10mg/ml    SQ    IM		ml Acepromazine 10mg/ml    SQ    IM			
<b>Microchip</b>	<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		<b>Atropine:</b> ml IT (0.4mg/ml)				
<b>FVRCP Vx</b>	SQ RF		ml Buprenorphine SR 3mg/ml    SQ		<b>Epi:</b> ml IT (1:1000)			
<b>FeLV Vx</b>	SQ LR		<b>Local Block:</b> _____ml Lidocaine 2% per testicle _____ml Bupivacaine 0.5% IP		Maintenance: Isoflurane			
<b>FeLV/FIV Test</b>	FeLV	Neg / Pos			<input type="checkbox"/> Mask			
<input type="checkbox"/> provided	FIV	Neg / Pos	<input type="checkbox"/> Intubation    _____endotracheal tube					
<b>4Dx</b>	Anaplasma	Neg / Pos	<b>Medical Notes:</b> <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		<b>TPR after induction</b>			
	Ehrlichia	Neg / Pos			<input type="checkbox"/> Unable to obtain first TPR after induction, fractious			
<b>Initials</b>	Heartworm	Neg / Pos			Time    Temp (°F)    Pulse/Resp    Initials			
	Borrelia	Neg / Pos						
<b>Pyrantel</b> (50mg/ml)	_____ml X 2 doses				<b>Surgery Start/End Times</b>			
<b>Flea/Tick TX</b>					Start Time:		End Time:	
<b>Ear Mite TX</b>	Milbemite <small>(0.1% milbemycin oxime) 0.2ml dose AU</small>				<b>Maintenance</b>			
<b>Nail Trim</b>	<input type="checkbox"/> N/C		<input type="checkbox"/> In Heat		Grade 1		Grade 2	
<b>Hernia</b>	Reducible	Nonreducible	<input type="checkbox"/> Pregnant		Grade 1		Grade 2	
<b>Dewclaw</b>	X_____	<input type="checkbox"/> Attached	<b>Fetus:</b> _____ @ _____ Trimester					
<b>E-collar</b>	7.5 10 12.5 15 20 25 30		<input type="checkbox"/> Pyometra		Light		Heavy	
<input type="checkbox"/> Provided by client	<input type="checkbox"/> Client declined		<input type="checkbox"/> Hydrometra		Light		Heavy	
<b>Oral Meloxicam (1.5mg/ml):</b> Give 1 syringe (_____ml) PO q 24hrs x 3d.			<input type="checkbox"/> Cryptorchid					
<b>Oral Carprofen (_____mg):</b> Give _____tabs PO SID x 3d. # _____			<b>Inguinal</b>		<b>Abdominal</b>			
<b>Oral Gabapentin (50mg/ml):</b> Give 1 syringe (____ml) PO q 12hrs x ____days			Unilateral <input type="checkbox"/> L <input type="checkbox"/> R		<b>Bilateral</b>			
<b>Oral Gabapentin (_____mg):</b> Give ____capsules PO q 12hrs x 3d. # ____			Vaccine Stickers		<b>Final Recovery: Normal AB _____</b>			
<b>Oral Trazodone (_____mg):</b> ____tabs PO q 8-12hrs x 10d. # _____ <input type="checkbox"/> O declined							Time    Temp (°F)    Pulse /Resp	
<b>Oral Trazodone (_____mg):</b> ____tabs PO q 8-12hrs x 10d. # _____ <input type="checkbox"/> O declined			Post-Surgical Notes:		<i>*Surgery Notes attached to second page</i>			
			<input type="checkbox"/> Caution Used					
			<input type="checkbox"/> Scrotal Wrap					
			<input type="checkbox"/> Iced Incision _____min.		<input type="checkbox"/> _____ml LRS given SQ			

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:**

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Dr. Signature: \_\_\_\_\_