



BROOKVIEW ANIMAL WELLNESS

Brookview Animal Wellness
538 S Gilbert Rd
STE 101
Gilbert, AZ, 85296
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Fax:
Email:
info@bvawellness.com

I authorize Brookview Animal Wellness to perform the requested services for _____ (**Animal Name**). I understand that additional charges may apply if my pet is overweight, pregnant, in recent or active heat or cryptorchid. I understand that Brookview Animal Wellness recommends the use of an e-collar to prevent post-surgical complications. If I decline an e-collar and my pet comes back for a re-check due to licking or scratching of the incision, I will be charged a re-check fee of \$30 which does not include the cost of medications my pet may need. I understand that my pet will receive a small tattoo on the underside to confirm sterilization. I understand that reasonable precautions against injury, escape or death of my pet will be taken. I understand anesthesia, surgery, medications and vaccination involve some risk to my pet. I understand that vaccines can cause adverse reactions. I understand that Brookview Animal Wellness has the right to refuse services to any pet for any reason especially if deemed for the safety and well-being of the pet. I hereby release and hold harmless Brookview Animal Wellness, any employees, contractors and / or subsidiaries from being held liable or responsible for any complications or adverse reactions that may occur. I assume all risks as the pet owner.

In order to ensure the safety and well-being of your pet, please complete the following:

- This pet was last fed at: _____ Date of Most Recent FVRCP*: _____ Rabies Vaccine*: _____
- Circle any symptoms this pet has experienced in the past seven days: *Vomiting Diarrhea Coughing Sneezing*
- Medications that this pet is taking (Name / Dose / Last Given): _____
- Pre-existing conditions: _____
- Veterinary practices that have treated this pet in the past? _____

**This pet is required to be current on core vaccines at time of alter or become current at time of alter. Vaccinations at time of alter are at owner expense.*

Bloodwork / Fluid Support: Prior to anesthesia a veterinarian will perform a physical examination to the extent this pet will tolerate, to identify any existing medical conditions that could complicate the procedure and compromise the health of this pet. There is always the possibility a physical exam alone will not identify all of this pet's health problems. Prior to anesthesia, a pre-anesthetic blood test can be performed. If this pet is aged 5 years or older, pre-anesthetic bloodwork is required at an additional cost. All owned canines and female feline pets may be required to have an IV catheter placed and fluid administration which is included in the cost of the owned animal pricing. If a rescue selects these services, additional costs apply. If the veterinarian determines this level of support is needed outside the required conditions, you will be contacted to elect for the additional support or cancel the surgery.

Services: Circle the services requested.

	Rabies Vaccine	FVRCP Vaccine	FeLV Vaccine		
FeLV / FIV Combo Test	Microchip (Rescue Provided: Y / N)	Pre-Surgical Bloodwork	IV Catheter / Fluid Support	E-Collar	

If elected, services will only be provided if deemed necessary by the veterinarian.

Ear Cleaning	Nail Trim	Flea/Tick/Ear Mite Treatment	Convenia Injection	Praziquantel Injection
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Anti-Nausea medication: If this pet shows any signs of nausea or vomiting, an anti-emetic injection will be given and be added to the total cost. Average cost for injection ranges from \$15 - \$50 (baesd on weight). This is not an optional service but a required if the veterinarian so determine.

Nail Trim: Typically, nail trims may be provided for the safety of the animal and recovery team. If you wish this pet to not have nails trimmed, please indicate so. If you would like to require a nail trim, you may do so as well.

Fees: In order to protect all the animals that are cared for at Brookview Animal Wellness, if upon physical exam, this pet is found to have any communicable illness (i.e. fleas, ticks and / or ear mites, parasites, etc), this pet will be treated with appropriate medication at the owner's expense. All fees and costs must be paid for on the day of surgery before this pet is discharged.

Patient Discharge: When this pet is discharged, please review the discharge instructions prior to leaving the clinic.

Signature (Owner / Authorized Person): _____ **Date:** _____

Printed Name (Owner / Authorized Person): _____ **Phone #:** _____

BVA Use: Check In Completed by: _____ Transfer to Surgical Form: _____ S A