

19 Carrol Road Morgantown, WV 26508 P: (304) 296-2916 F: (304) 291-9017 brookvalleyvet@outlook.com

Client Name:		
Primary number:	Secondary Numbe	r:
Patient Name:	Age:	Sex:
Breed:	Weight:	
Procedure:		
By signing this form, you authorize the doctonumber provided.		uld he/she be unable to contact you at the
Training provided.		
<b>Authorization for Medical and Surg</b>	gical Care:	
I, the undersigned, authorize Brook Valley $\ensuremath{V}$	•	•
warranted by my pet's condition. The veterin		<u> </u>
treatment options. Risks may include but no		, infection, treatment failure and even
death; and no guarantees can be made to the	le result of outcome.	
Special Note, Please Read		
If any parasites are found on your pet while	visiting our facility, we will treat as ne	ecessary at the expense of the pet's
owner. This is not optional and is for the pro-	•	
- \$25. By signing below, you agree and under	erstand to the special notes of this se	ection.
Signature	Date	
Sedation/Anesthesia Consent		
Should the doctor recommend sedation for y	our pet, please initial and sign belov	v to give consent. Sedation is a technique
of administering sedative or dissociative age	<b>G</b>	·
receive a surgical procedure while maintaini	• •	<del>-</del>
sedation to "deep" sedation (analgesia) are	•	•
good plane of anesthesia and will be given to sedation and pain control for your pet. By sig		
satisfaction and give consent for sedation/ar	, ,	r explained the risks of sedation to your
callolaction and give content for coadion, at		
Pain control is not optional at Brook Valle	ey Veterinary Clinic. All pets will re	eceive injectable medications for pain
control. We recommend oral medications		home. The cost is \$20. Please check
below if you wish to provide pain control		
I agree to take home pain medicate	nons	
Signature	Date	



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## **Pre-Anesthetic Blood Work**

At Brook Valley Veterinary Clinic, we strive to practice high quality medicine. **WE STRONGLY RECOMMEND** that pets are properly screened through laboratory testing before anesthetic procedures **especially senior animals (5-8 years or older)**. The results of blood work screening can warn us about underlying conditions that could lead to possible complications. We are especially concerned with the condition of the liver and kidneys as these are the primary organs that metabolize anesthetic drugs.

## SPECIAL NOTE, PLEASE READ

Signature

Valley Animal Clinic will not be held resp	. •	•	• •
Please initial what blood work panels	•	ins your pet may expenence to these in	nedications.
Senior (CBC,Chem 17, Electrolyte	-		
Full (CBC,Chem 17, Electrolytes) \$	•		
Prep (CBC, Chem 10) \$75	,.20		
• •	Chem 17 \$79	Electrolytes \$20	
I Decline all blood work options ur		<del></del>	
By signing below, you are giving cons and perform the above listed procedu the special notes explained in this se	ires (unless specifica	<u>•</u>	
Signature		Date	
Advanced Directive for Resuscitat	ion Orders		
I have discussed to my satisfaction the h	-	described above with the attending Ve	eterinarian of Brook
Valley Veterinary Clinic.	, , ,		
I understand in the event of my pet's hea	art/ or breathing stops	(cardiopulmonary arrest); resuscitation	efforts according to
the advanced directive authorized below			_
Furthermore, I understand the doctor an	•	•	•
above on its form in the event of cardiac		•	
I request the following resuscitation effor	-		f Brook Valley
Veterinary Clinic. (Initial one):	·	, ,	·
/ CARDIODUI MONARY DES	CHECITATION		
() CARDIOPULMONARY RES		* *** **** *** *** *** *** *** *** ***	-ation of autificial
		t to resuscitate my pet through the utili:	
deemed necessary and appropr		nistration of various emergency medica	mons and/or nuids as
иеетней песеххагу ани арргорг	iate by the attending v	есеппапап.	
() DO NOT RESUSCITATE			
Description: In the event my pet	's heart and/ or breath	ing stops, I request no person shall atte	empt to resuscitate
my pet and attempt. I do provide	permission to attemp	t to contact me at the number(s) provide	ded.
I, the undersigned, being sound of mi its full importance.	nd, voluntarily execu	ite this order for my pet listed above	e, and I understand

Date



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## **Additional Procedures**

Employee initials

While your pet is under sedation/anesthesia it is a good time to have other procedures performed (nail trim, ear cleaning, vaccinations, microchipping, preventative testing, etc.) to cut back on the stress for your pet and saves you a from another trip.

*Intravenous Fluids (IV Fluids) during surgery is extremely beneficial and can greatly reduce the chance for cardiac complications and organ damage. It will aid in preventing dehydration and help in recovery of your pet after surgery. The cost is \$30 Yes Decline
*Felv/Fiv/HW Test screens for Feline Leukemia, Feline Immunodeficiency Virus and Heartworm. Cost of test is \$45 Yes Decline
*4Dx test can be run on your canine to test for heartworms and additional common tick-born dieses. This is required for heartworm prevention medication. Cost of test is \$37 YesDecline
*Microchipping is a permanent form of identification for your pet in the instance that they may become lost or stolen. The cost is \$75YesDecline
*Laser Therapy is a procedure that helps improve the healing process using photobiomodulation. The cost is \$15YesDecline
*Elizabethan Collar is a cone shaped collar that may be needed to prevent complications to the incision if your pet is able to lick or bite the site. Cost of collar ranges from \$8-\$20 depending on size YesDecline
SPECIAL NOTE, PLEASE READ
All pets are required to be vaccinated for rabies according to state law if their health condition allows. If your pet has not had a rabies vaccine prior to their visit, or if proper documentation cannot be provided, the pet must be vaccinated for rabies while in the clinic at you the owner's expense. Our Rabies vaccine is \$25. We at Brook Valley Veterinary Clinic also require pets to be up to date on their RCCP or DHPP/DHLPP vaccine. Without proper documentation we will administer these vaccines at the cost to the owner. The cost of the vaccine is \$25 for cat or dog. By signing below, you agree and understand to the special notes of this section.
* If you would like any other procedures not listed above done while your pet is with us, please list them below.
Signature Date