

PLEASE READ AND COMPLETE BOTH SIDES

Thank you for selecting our hospital for your pet's surgery. In order to facilitate the admission process, please complete both sides of this sheet bring it with you on the morning of surgery.

Have you been to our hospital in the past two years? Yes _____ No _____ Email Address _____

Last Name _____

First Name _____

Address _____

City _____

Zip _____

Home Phone _____

Work _____

Cell Phone _____

Pet's Name _____

Sex _____

Age _____

Breed _____

Does your pet have any medical problems? No _____ If yes, please describe _____

Do you request any other services be performed while your pet is here?

Physical Examination	yes _____ no _____	\$49.50
Heartworm Blood Test	yes _____ no _____	\$41.00 (a 33% discount off the regular fee)
Nail Trim	yes _____ no _____	\$10.50 (this is a 50% discount if done while anesthetized)
Stool Exam for worms	yes _____ no _____	\$38.75
Anal Gland Expression	yes _____ no _____	\$35.50
Penn Hip Radiographs	yes _____ no _____	Ask for fee \$ _____
Dew Claw Removal	yes _____ no _____	Ask for fee \$ _____

VACCINES: Distemper, Parvo Virus and Rabies vaccines are required. If done here, we can check our records. If done elsewhere, written verification must be provided or the vaccines will be administered.

DHP/Parvo Virus (\$35.00)

Rabies (\$18.50)

Bordetella (\$18.50)

SPAY FEES FOR FEMALE DOGS

Wt.	Anesth/Surg	IVC/Fluids	Total
0 – 24#	\$112.50 +	\$38.50 =	\$151.00
25 – 49#	\$125.50 +	\$38.50 =	\$164.00
50 – 74#	\$139.75 +	\$38.50 =	\$178.25
75 – 99#	\$177.25 +	\$38.50 =	\$215.75
Over 100#	\$243.25 +	\$38.50 =	\$281.75

NEUTER FEES FOR MALE DOGS

Wt.	Anesth/Surg	IVC/Fluids	Total
0 – 24#	\$ 98.00 +	\$38.50 =	\$136.00
25 – 49#	\$113.00 +	\$38.50 =	\$151.50
50 – 74#	\$126.75 +	\$38.50 =	\$165.25
75 – 99#	\$139.75 +	\$38.50 =	\$178.25
Over 100#	\$167.50 +	\$38.50 =	\$206.00

IN HEAT ----- \$53.25 - 95.00 ADDITIONAL

RETAINED TESTICLE - Dr. will quote fee

PREGNANT ----- \$87.25 - 240 ADDITIONAL

OVERWEIGHT ----- \$50 - 150.00 ADDITIONAL

3 – 4 YRS -----\$51.75 Blood test fee (see page 2 of form)

5 YRS & UP --- \$89.00 ADDITIONAL surgical fee plus \$101.00 Blood Test Fee

ENLARGED MAMMARY GLANDS ----- \$51.00 - 75.00 ADDITIONAL

UTERINE ABNORMALITIES (infection, cancer) will incur extra charges.

Why an Intravenous Catheter and Fluids?

The use of an intravenous catheter and IV fluids is an additional means to further decrease the risks associated with general anesthesia. The catheter is placed in the vein before anesthesia is initiated. This allows the doctors and nursing staff immediate access to your pet's vein for administration of intravenous medications, which is particularly important in an emergency. Also, blood pressure tends to fall slightly during general anesthesia. IV fluids helps to maintain hydration and blood pressure, thus helping the kidneys and other organs to function normally during surgery. Your pet's health and safety are our greatest concerns. IV catheters / fluids are now part of standard anesthetic protocols for many veterinary hospitals and are required at our hospital. To make an intravenous catheter and fluids affordable for all of our patients, the fee is \$38.50. This is 70% discount from the normal fee.

PLEASE READ AND COMPLETE ALL PAGES

PRE-ANESTHETIC BLOOD TEST – Consent Form

Because no surgery is without some risks, however small, it is advisable to perform a blood test prior to surgery to check the blood count, protein level, kidney, liver functions and ability to clot blood. Our hospital is fully equipped to perform these important tests and results will be available to the doctor prior to surgery. Should there be any indication that an abnormality exists, the doctor will contact you before proceeding or take those steps necessary to help insure the safe return of your pet. This pre-anesthetic blood test is required for pets over three years but is recommended for all pets. Pets over 5 years of age will be required to have a more comprehensive blood test.

- Yes, I want my pet to have a pre-anesthetic blood test. (\$55.25, a 30% discount off the regular fee)**
- Yes, I want my pet to have a more comprehensive blood test. (\$101.00, a 30% discount off the regular fee)**
- No, I decline to have a blood test performed prior to surgery. (Pet must be under 3 years of age to decline)**

POST-OP PAIN CONTROL – Consent Form

Your pet is about to have a major abdominal surgery and will experience some pain after any surgical procedure. Humans are routinely given pain medications to ease their discomfort after surgery. Because animals often do not exhibit easily recognized signs of pain, they have been generally overlooked when it came to pain control. However, recent studies on animals and human babies have shown that post-operative pain medications will reduce the chances of post-operative complications, such as infections and poor healing, even in patients that showed no outward signs of pain.

The general anesthesia provides pain control while the patient is anesthetized but pain sensation returns within minutes of recovery. All patients receive an injection of an analgesic to control pain for the first 4-6 hours after surgery. This medication is safe, non-addicting and as potent as those used for humans. We also offer a **“Pain Control Package”** which includes a short laser treatment to the surgical site (which decreases pain and promotes healing), as well as medication to go home for continued relief for the first few days following surgery. This package for the oral pain medications and the laser treatment is \$37.50 which is a discount of 25%

- Yes, I want my pet to receive pain control medications to go home and the laser treatment.**
- No, I decline to have my pet receive pain control medications.**

MICROCHIP IDENTIFICATION: Each year, many pets are lost. Because these pets lack identification (collars and tags are often missing), many are never reunited with their owners. Worse, many are euthanized at animal shelters. To increase the chances that your pet will be reunited with you, we recommend the placement of a microchip. This is a small chip, encased in glass, about the size of a grain of rice, which is inserted under the skin. It is permanent and causes no reaction with the body. The chip number can then be registered with the national registry. In the event that your pet is lost and brought to an animal shelter or veterinary hospital with a microchip scanner, a scan is made, the chip number is recorded and the national registry is called to obtain information on the pet, such as owner’s name, phone number and any medical problems. Since this technology became available over ten years ago, thousands of animals’ lives have been saved. Insertion of the microchip at the time of surgery will be done for \$72.00 (Note: there is an **additional fee of \$18.00** for lifetime registration paid to the national registry and **we will pay this fee** as a thank you for microchipping your pet today).

- YES, I want my pet to have a microchip** _____ **NO, I do not want my pet to have a microchip** _____

ELIZABETHAN COLLAR: Following surgery, some patients will lick or chew at the sutures, particularly when left alone. No one can predict which pets will do this. An Elizabethan Collar can decrease the likelihood of a pet being able to reach the surgical incision with his/her mouth. In you wish your pet to go home with an Elizabethan Collar, please ask for the fee.

- YES, I want my pet to have an Elizabethan Collar** _____ **NO, I do not want my pet to have a collar** _____

Do not allow your pet to eat or drink on the morning of the surgery. Pets are admitted between 7am and 8am and discharged between 3pm and 6:30pm. If you have questions regarding fees for surgery, vaccines or services, please call.

I am aware of the above conditions and accept financial responsibility for all charges associated with my pet and understand that payment in full is required at time of discharge.

Signature _____ Date _____

Phone number where you can be reached this morning (VERY IMPORTANT!) _____

P a t i e n t D r o p O f f F o r m

Name:		Pet Parent:	
Species:			
Breed:			
Color:			
Birthday:		Home:	
Sex:		Business:	
Weight:		<u>Cell:</u>	

ALLERGIES:

DO YOU CONSIDER YOUR PET TO BE IN GOOD HEALTH? _____

BRIEFLY DESCRIBE ANY CONCERNS FOR SURGERY TODAY OR ANY MEDICAL PROBLEMS

WHEN DID YOU FIRST NOTE THE PROBLEM: _____

APPETITE: NORMAL ____ INCREASED ____ DECREASED ____

WATER INTAKE: NORMAL ____ INCREASED ____ DECREASED ____

ANY VOMITING OR DIARRHEA? _____ If yes, describe the frequency, color and content:

IS YOUR PET ACTIVE AND ALERT? _____

ANY CHANGES IN: WEIGHT? _____

CHANGES IN B.M.'s OR URINATION _____

IF YES, WHAT CHANGES HAVE YOU NOTICED? _____

IS YOUR PET CURRENTLY ON ANY MEDICATION / TREATMENT FOR ANY OTHER PROBLEMS?

IS YOUR PET ALLERGIC TO ANY MEDICATIONS? _____

IS THERE ANYTHING ELSE THAT YOU WOULD LIKE US TO KNOW PRIOR TO SURGERY:

Signature _____