

Owner Name:		Animal Name:		
	Date:	Chart # _		
Signing this documer to perform the surgicerisks and results can rendered.	al procedure listenot be guarantee Initial	ed below. I understed. I will assume al	tand that anesth Il financial respo	nesia comes with onsibility for services
Procedure(s) Dental Cleaning Tumor Removal Neuter Spay Other Procedures	_Testicles down- Ye _In-Heat - Yes or N	es or No lo / Last heat cycle _		(Use Tumor Map)
Blood Work Profiles Checks liver and kidney not addressed. Highly re HWT for 6+ mo and olde FeLV/FIV are common in Virus - Feline AIDs)	ecommended for all er in dogs.	patients, but not req	uired.	·
	Heartworm Te FeLV/FIV \$60			
Histopathology Histopathology sends th margins or chances for r Histopathology \$145.00	egrowth/metastasis	S.	cancer, along wit	h checking for good
Teeth Extractions Baby Teeth \$10.00	Don't pull te	eth OR Call Prior	Extract as r	 needed
Pain Medications Canine — 3 day OR 7 Rimadyl Inj. (24 hour pa	ain control, dogs o i			day OR 7 day topical or oral?

Vaccinations

RABIES IS REQUIRED BY LAW

	DHBPPVL + Rabies \$95.00 FDRC FL + Rabies \$95.00		DHBPPV + Rabies \$90.00)
•	ccess if needed incase of an r anesthesia, and can help r vomiting/nausea.	• .	
IV Catheterization \$4	0.00 IV Fluids \$75.		Cerenia (Price Wt Based)
Nail Trim \$15.00	Anal Gland Ex		Heartword (Drice Wt Deced)
AVID MICROCRIP \$45.0	0	12 (Price vvt Based)	Heartgard (Price Wt Based)
Signature/Contact Emergency phone under anesthesia.		o reach someone wit	hin <u>5 minutes</u> while the pet is
1	2	3	
Payment is due at financial responsibi delinquent they are	• • • • • • • • • • • • • • • • • • • •	ervices will be charge	neans you are taking full ed monthly and if accounts are SE NOT TO ABANDON MY
SIGNATURE: _			
How would you	like to be updated of	once your pet is	out of their procedure?
Text	Call	No	Update
surgery? Some site.	cannot be held responsib	ne but some will	rour pet after their lick at their incision ir incision site if opting out of
Yes	No	Initial	

Pet History

-	When was the last time your pet ate?				
-	Does your pet have any history of seizures? YES or NO Is any medication used if so?				
-	Any reaction to anesthesia in the past? YES or NO If so, what was the reaction?				
-	What previous surgeries has your pet had, if any?				
-	Any allergies to medications or vaccines? YES or NO If yes, what are they allergic to?				
-	Does your pet have a history or a heart condition OR Breathing issues? Any medications being used? What issues?				
-	- Is your pet on any medication or supplements currently? YES or NO If yes, what are they and when were they last taken?				
Brief H	History (If there is anything else that they would like the DVM to know)				
Is ther	re anything else you would like to discuss with the Doctor while your pet is here?				

^{**}Surgery pick up time is usually between 3 pm and 4 pm. A technician will be calling or texting you after the procedure to give you an update and an exact pick up time. Post operative instructions will be given at discharge.**