



Canine Patient Surgery Information Form

*All dogs must be free of external parasites. If any external parasites are found on your dog(s) they will be treated accordingly for an additional charge. **Spring Meadow Vet Clinic will not be held responsible for any sickness incurred during your dog's stay. Your dog **MUST BE CURRENT ON ALL VACCINES**; for best results all vaccines **MUST** be given at least 2 weeks prior to the hospital stay.

Client/Owner Name _____ **Patient (Dog's) Name** _____

*Phone # _____ where we may contact you today if further information is required.

What type of surgery is your pet scheduled for today? (Please circle all that apply)

Spay (female) Neuter (male) Tumor Removal Dewclaw removal front Dewclaw removal back

Other: _____

Are any of the following additional services needed today? [] YES [] NO (Please circle all that apply)

Heartworm Test Toe Nail Trim Ear Cleaning Other _____

Is your pet current on vaccines (including kennel cough)? [] YES [] NO* (*If no please circle needed vaccines)

DHLPPC(Annual Distemper combo) Rabies Bordetella(Kennel Cough) Lyme Canine Influenza

PRE-ANESTHETIC BLOOD TEST

Procedures requiring anesthesia are always associated with a certain amount of risk, whether the patient is a person or a pet. Like you, we want to minimize that risk as much as possible. Some conditions may not, however, be evident on a physical exam. To better ensure your pet's safety during anesthesia, we recommend pre-anesthetic blood tests be performed. Most anesthetic drugs are removed from the body by the liver & kidneys; therefore, it is important that these organs are healthy.

Any dog 7 years of age or older is required to have blood work completed prior to any surgery.

[] My dog is **UNDER the age of 7** but I would like to minimize the risk and have the blood test performed. (\$68)

[] My dog is **UNDER the age of 7** but I DO NOT want the pre-anesthetic testing done prior to surgery.

[] My dog is **OVER the age of 7** and I understand that pre-anesthetic testing will be performed prior to surgery.

PAIN MEDICATION

Injectable pain medication is given to all surgery patients during the day of surgery. Some dogs require additional pain medication the days following the surgery. This additional pain medication is available at an additional cost of \$15.

[] Yes, I wish for my dog to go home with additional pain medication for the days following the surgery.

[] No, I do not wish for my dog to receive any additional pain medication.

LUMP REMOVAL

If your pet is having a lump removed today, the Dr. may recommend that the lump be sent to the lab for histopathology (identification). This test tells us what type of lump it is. We will have results in 5-7 business days.

[] Yes, Please send my pet's lump out for identification. (Additional charge of at least \$92)

[] No, I do not want histopathology performed on my pet's lump

MICROCHIPPING

A microchip for dogs & cats gives the best protection with permanent ID that can never be removed or become impossible to read. Every month, HomeAgain reunites 10,000 pets with the people that love them. If you desire, we can place a HomeAgain microchip at a reduced cost (\$5.00 off) while your pet is under anesthesia.

The cost including the 1st year's registration fee would be \$45.00.

[] Yes, microchip my pet today

[] No thanks, I will pass on the microchip today.

I understand that during the performance of the foregoing procedure or surgery, unforeseen conditions may be revealed that necessitate an extension of the procedure or surgery, or of different procedures or surgeries than those set forth above. Therefore, I hereby consent to and authorize the performance of procedures or surgeries, as deemed necessary by the veterinarian. I have been advised as to the nature of the procedure(s) or surgery and the risks involved. I realize that results cannot be guaranteed. I am the owner or agent of the above described animal(s) and have the authority to execute this consent. I am also aware that unforeseen events resulting from the procedure(s) will not relieve me from any obligation to all reasonable costs incurred regarding the animal. I also understand that these charges will be paid for at the time of release and a deposit may be required. I hereby consent and authorize the performance of the procedure(s) listed above.

Signature of Pet owner _____ Date _____