



## 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.

Last Name

First 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

Prior to anesthesia we highly recommend a **blood work-up** to tell us how well your pet's organs are functioning today, and make sure your pet is ready for anesthesia.

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

**Dogs under the age of 7: Do you want your pet to have pre-anesthetic blood work?**

(Available at an additional charge of \$60.00) [ ] YES [ ] NO

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.

**Do you wish for your pet to go home with additional pain medication after the surgery (\$15)?** [ ] YES [ ] NO

If your pet is having a lump removed today, we recommend that the tumor 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.

**Do you want the histopathology to be performed?** (Available at an additional charge) [ ] YES [ ] NO

If you desire, we can place a **Home Again microchip** at a reduced cost (\$5.00 off) while your pet is under anesthesia. 1 in 3 pets will get lost; Without ID, 90% won't return home. The cost including the registration fee would be \$45.00.

**Do you want your pet to be Microchipped?** (Available for \$45.00) [ ] YES [ ] NO

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