

INTOWN ANIMAL HOSPITAL

Owner's name _____

Pet's name _____

Phone number _____

Procedure _____

Before putting your animal under anesthesia, we will perform a full physical exam. The Veterinarian will also do pre-anesthetic blood testing, which is mandatory for pets over 2 years of age. Pre-anesthetic blood testing allows the Veterinarian to check your pet's liver, kidney, sugar level, hydration and general health. This test has a charge of **\$140.00** that is **separate** from the price of the surgery.

_____ **Yes, I consent.** _____ **I would like to discuss this with the Veterinarian.**

For your pet's safety and before all anesthetic procedures, we will place an IV catheter. Because the catheter is introduced directly into the vein, it must be placed in a very clean manner, requiring the shaving of your pet's fur.

For pain management, all animals having a surgical procedure will be administered pain injections today as needed. This cost is **included** in the price of the surgery. Pain injections are not included for pets only having a routine dental cleaning. If your pet requires necessary dental extractions, there will be an additional charge of \$50.00 for pain management. The Veterinarian will discuss with you any additional medications (including additional cost) to go home with your pet prior to discharge.

_____ **Yes, I consent.**

Please indicate if you would like any of the following procedures performed while your pet is under anesthesia:

Please make sure to select Y/N for each procedure.

- | | | | |
|------------------------------------|-----------|---------------------------------|-----------|
| Dental cleaning: | Y___ N___ | Placement of microchip: | Y___ N___ |
| Ear cleaning at no charge : | Y___ N___ | Nail Trim at no charge : | Y___ N___ |
| Hip X-rays for dysplasia: | Y___ N___ | Nail Dremel (\$27) : | Y___ N___ |
| Necessary Dental Extraction(s): | Y___ N___ | Feline Felv/FIV (if applies): | Y___ N___ |
| E-collar (\$10-22) : | Y___ N___ | ProHeart: | Y___ N___ |

Please list any/all medication(s) your pet is currently on: _____

If yes, please list when medication given last: _____

Please indicate if your pet is allergic to:

Medications: _____

Food: _____

Vaccines: _____

If yes, please specify here: _____

The Veterinarian on duty will call you after surgery is completed. If you have not heard from us by 3:00pm please call at 404-881-1805.

Pickup for pets is scheduled between 3:30-4:30 pm unless otherwise notified by veterinarian staff. **PETS PICKED UP AFTER 5:10PM WILL BE CHARGED A \$35.00 LATE FEE.**

I understand that there is always a risk involved while using anesthesia. I authorize the doctors and staff to perform any lifesaving procedures deemed necessary in the event of an emergency. I also understand that I assume all financial responsibility for the services rendered, and that payment is due on the date of the surgery.

Owner _____ Technician _____ Date _____

