

The Vet

Clients Name _____ Patient's Name _____

Procedure _____ Date _____

THE FOLLOWING WILL BE PERFORMED FOR ANESTHETIC PROCEDURES:

Pre-Anesthesia Blood Work

<u>Under 7 Years of Age</u>	<u>Above 7 Years of Age</u>
Chem 10, Complete Blood Count, Electrolytes	Chem 17, Complete Blood Count, Electrolytes
Cost \$110	Cost \$140

Intravenous Catheter

Your pet's health is our primary concern. Our most effective and safest anesthetic drugs require the use of an intravenous catheter (IV) placed in the front arm vein. This will require a small area to be shaved and disinfected for IV placement. Your pet will receive intravenous fluids during the anesthetic period, which will provide for *safer anesthesia, a quicker recover and better pain management*. An IV also provides the ability to give emergency drugs immediately if needed. Due to the time and materials involved there is an **additional cost of \$51.35** for this procedure.

Pain Management

It is our belief that pain control is necessary for patients that have surgery. Not only is it more humane to prevent pain, but it is scientifically proven to shorten the healing and recovery times after surgery. **Due to differences in amounts needed by varying sized animals, the cost will vary between \$29.35 and \$35.35.**

Microchip Implant

Microchip Implant-We can implant a permanent identification number near the shoulders of your pet. A scanner can read the ID number and should your pet become lost or stolen, Animal Control, emergency clinics and some Veterinary hospitals can identify your pet and return them to you. **The cost is \$69.95** (Lifetime registration available thru AVID Pet ID)

_____ Implant Microchip

_____ Decline Microchip

Patients must be current on vaccinations. If not, they will get updated while under our care.

	<u>K9</u>	<u>Fe</u>
Rabies	\$12	\$20
DHPP/FVRCP	\$26	\$26
Bordetella	\$15	

Nail Trim: Yes _____ No _____ Anal Gland Expression: Yes _____ No _____

*****Patients WILL get treated if fleas are present*****

I am the owner or caretaker of the pet. I assume responsibility of care after surgery and authorize the Dr's at The Vet to perform the surgery. I understand all surgeries and anesthesia involve a degree of risk and realize results cannot be guaranteed. **While performing the surgery should the Dr. find the procedure(s) to be more involved resulting in additional cost, I will be contacted at the phone number below. If I cannot be contacted, I authorize the doctor to perform the necessary procedure.**

I understand that full payment is required when the patient is discharged.

Signature of owner/caretaker _____

Phone # (_____) _____ Cell # (_____) _____