

Surgery Form

(Other than Spay/Neuter/Dental)

Owner Information

To insure the best care possible, please take the time to fill in this form completely. Thank You!

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Primary Phone: _____ Secondary Phone: _____

E-mail Address: _____

Spouse: _____ Phone: _____

Pet Information

Name: _____ Breed: _____

Age/Birthday: _____ Gender: Male Female Neutered: Yes No

Color: _____ Medical Condition(s): _____

Please tell us how you hear of our hospital:

Val Pak Flyer Craigslist Friend Search Engine (ie: Google) Other: _____

Step 1: Surgical Procedure

WHAT SURERY IS BEING PERFORMED TODAY? _____

Step 2: Vaccines

DOG VACCINES

- Rabies*1yr/3yr (**REQUIRED**) \$15/\$30
- DHPP 1yr/3yr (**REQUIRED**) \$15/\$30
- Bordetella (**REQUIRED**) \$15
- Lepto \$15
- Lyme \$35
- Influenza \$15
- Heartworm Test \$30
- Fecal \$22

CAT VACCINES

- Rabies*1yr/3yr (**REQUIRED**) \$15/\$30
- FVRCP 1yr/3yr(**REQUIRED**)\$15/\$30
- FeLV \$15
- FeLV/FIV Test \$35
- Fecal \$22

Flea/Tick/Heartworm Prevention

**Plus your county's required licensing*

Pinellas County \$20

Pasco County (dogs only) \$10/\$35

My pet has already received all required vaccines and I have proof from a licensed Veterinarian.

PLEASE COMPLETE REVERSE SIDE

Step 3: Take Home Medications (HIGHLY Recommended)

- Antibiotics - \$17.50 Accept Decline
- Pain Medication - \$27.50 Accept Decline
- Elizabethan Collar - \$15 Accept Decline
- I **DECLINE** ALL take home medications

Step 4: Bloodwork, Fluids, & Pain medication

- Pre-operative Blood Profile \$60 - Test for anemia, infection, and the healthiness of blood cells
Accept Decline
- Comprehensive Profile \$130 - Pre-operative panel PLUS testing of the liver, kidney, and pancreas to make sure they are working properly. Also tests the cellular health of the body
Accept Decline
- Fluids - Prevents dehydration, low blood pressure, & reactions to anesthesia.
 Subcutaneous -\$30 -or- Intravenous (IV) - \$82 Decline
- Post-Op Laser Therapy \$15 (PER SX SITE) –Decreases pain and inflammation Accept Decline
- Pre- operative Anti-Nausea Injection \$25 - Helps prevent nausea post- op, last for 12 hrs
Accept Decline

Step 5: Other

- Dental Cleaning \$95 (includes antibiotics; extractions, if needed, are additional, (\$25-\$75 per extraction, max \$200)) *****Recommended for pets over 5 years of age.
- De-Claw Front (Feline) \$210 De-Claw All FOUR (Feline) \$325
***includes, over-night hospitalization, pain inj., antibiotic inj., take-home antibiotics, pain medication, & E-collar
- Microchipping \$42 **\$25 SPECIAL!!** – Permanent method of linking your pet back to you
- Ear Cleaning \$12 Anal Glands \$30 Nail Trim \$6

Step 6: After Care/Prevention

****Please read the following carefully and initial upon reading each section****

_____ If your female pet is found to be in-heat, pregnant, lactating or obese at the time of surgery there is a \$25 additional charge.

_____ If fleas are found on your pet, for your pet’s health and the health of other pets staying in the hospital, they will be treated at your expense. Flea treatments range from \$16-\$25.

_____ **We do not accept checks.** We require that your payment be made in full at the time of pick up.

Prior to your pet’s surgical procedure, they will be given a pre-surgical evaluation. If your pet is found to need additional procedures (other than the ones you have checked above), we will contact you at the following number: _____ - _____ - _____

If I am unreachable, please try this person _____ at this phone number _____, who I authorize to make emergency decisions for my pet in my behalf during my pet’s current hospitalization.

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet.

Owner’s Signature: _____ Date: _____