

Estimate received _____
Procedure _____
Owners Initials _____

ANIMAL HOSPITAL OF PITTSFORD

2816 Monroe Avenue
Rochester, NY 14618
585-271-7700

Label
Office Use Only

CANINE SURGERY AND DENTAL CONSENT FORM

NEW PATIENTS

If this is your pet's first visit with us, there will be a charge for a full physical examination on your pet to ensure that there are not existing health problems that could possibly lead to complications during the procedure you have scheduled. There will be a \$47.00 charge for this exam.

PRE-ANESTHETIC BLOOD TESTS

We always **recommend** a pre-op blood profile to check for adequate numbers of blood cells and to check for signs of possible problems in the kidneys and liver that may not be evident on a physical examination. The testing is **REQUIRED** for animals 7 years old or older.

- YES -- Please complete pre-op blood tests you recommend for pets under 7 years of age. (Cost \$50.40)
 NO -- My pet is under 7 years old. I **DECLINE** pre-op blood testing you recommend, but perform the procedure.

IV Catheter and Fluids

IV catheters and fluids are strongly recommended for patients undergoing surgical procedures in which the patient will be intubated and on gas anesthesia. The cost is \$64.09. Iv catheter and fluids are **required** for patients over 7 years of age.

- YES-Please provided IV catheter and fluids for my pet.
 NO- I decline IV catheter and fluids at this point.

PAIN MEDICATIONS

Pain medications are administered to all surgical patients. The cost of pain medications for elective procedures will vary from \$20.00 - \$50.00, in addition to the surgical fee, depending on the size of the patient and the medications used.

RECOMMENDED TESTS

FECAL TEST For dogs that have not been tested within the past year. Internal parasites are a zoonotic risk to people and are easily treated.

- YES Please provide a fecal examination for my pet. I understand there is a charge of \$22.05 for this test.

HEARTWORM TEST: For dogs older than 6 months, and born prior to last October. For adult dogs that have not been tested within the past year.

- YES Please test my dog for Heartworm. I understand there is a charge of \$39.50 for this test.

VACCINES

We require that all pets are current on their Rabies vaccination and Distemper vaccination. (Cost: Rabies \$18.50 & Canine distemper \$21.00) There may be an exam charge if vaccines are given. (Cost: \$47.00)

YES, please administer only the following vaccines: DISTEMPER RABIES KENNEL COUGH LEPTO

If you are aware of your pet having had a vaccine reaction in the past, please let the doctor know so that precautions can be taken.

DENTAL PROCEDURES

Occasionally, tooth extraction or repair is necessary due to advanced periodontal disease or severe damage to a tooth as a result of disease, trauma, or cavities. An additional fee would be incurred for these procedures. If you would like to be called to discuss any necessary extractions or repairs, please let us know now, and leave us a number where you can be reached.

Do you authorize tooth extraction(s) or treatments without contacting you first? YES NO* *PHONE # _____

Pain medications will be administered with extractions. Prices range from \$20.00 - \$40.00, in addition to the surgical fee.

***If we cannot contact you regarding medically necessary extractions or treatments, then a second procedure will need to be scheduled to perform these procedures.**

PERMANENT IDENTIFICATION

We can implant a microchip into your pet for an ID that can't get lost! This simple procedure can be performed while your pet is here today. The cost for the surgical implantation of the chip is \$61.20.

Does your pet have a microchip? Yes ___ No ___ Would you like a microchip implanted today? Yes ___ No ___

I hereby certify that I have read and fully understand this authorization for treatment. I am the owner or agent for the above-described animal and have the authority to execute this consent. I assume financial responsibility for all charges incurred to the above patient and agree to pay all such charges when the animal is released from the hospital. I understand that in the event of an emergency my pet will have treatment provided at my cost and I will be contacted as soon as possible. I understand that any procedure, especially anesthesia, involves some risks and that results cannot be guaranteed. I understand that if the animal is not current on the combination of distemper and rabies vaccinations, this will be done upon hospitalization and added to the cost of the above procedure(s).

Signature of Owner or Agent: _____ Witness to Signature: _____ Date: _____