



Patient Name : _____ Procedure being done: _____

Your pet will be going under anesthesia today. In order to provide the best and safest care during this procedure, we require that your pet be fully vaccinated, negative for heartworm disease and / or Feline Leukemia and Feline Aids. We strongly recommend a pre-anesthetic blood profile to ensure your pet is at low risk for anesthesia. Any tooth that is deemed abscessed, fractured, or otherwise unhealthy will be extracted while your pet is under anesthesia.

Please note:

- If your pet has not been seen here before, or has not had a physical exam within the last six months, you will be charged for the pre-operative physical exam \$ 40.00.
- If your pet has fleas, it will be given an oral or topical flea product. The fee will be added to your bill, \$ 15.00- \$20.00.
- We will not perform surgery on your dog if its 6 months old or older and is not current on heartworm prevention or testing within the last 12 months.
- All animals will be given a complimentary nail trim while under anesthesia.
- There will be an additional fee if your pet is in heat or pregnant.

Blood work: Please check below

___ Mini-panel (Required for pets over 3 years of age) with PCV - Recommended for all pets: \$53.50

___ 17 Chemistry/CBC/Electrolytes (Required for pets over 5 years): \$ 109.50

___ Home Again Microchip implant, including registration: \$42.00

___ I decline the recommended pre-anesthetic blood work and request that you proceed with surgery.

(you may NOT decline heartworm or Fiv/Felv testing)

I realize and accept that there is risk involved with general anesthesia and understand that the doctor and staff at Animal Hospital Of East Davie will take every precaution during the care of my pet. I have read this document and realize and accept that there may be additional charges for changes in protocol, or medications dispensed as deemed necessary by the veterinarian. I understand that my pet will have his/her nails trimmed during the procedure.

Signature of Owner: _____ **Date:** _____

Phone number where you can be reached today: _____

Time of Discharge that would be best for you. Discharges are from 4-5:45pm. _____

I have received and understand an itemized estimate for my pets procedure. _____ (if not please ask for one)

*Dr. Emily Roberson
Dr. Kristie Monroe
336-940-3442*