

10% off Microchip
 _____ owner approves _____ owner disapproves

Patient Pre-Anesthetic, Surgical, Examination, Treatment and Payment Terms

Please Read and Initial each block.

1. _____ **SEDATION – is required for a procedure and/or surgery today.** No surgery is without risk but the veterinarian / staff will take all actions necessary to safeguard the welfare of my pet thru a:
 - Physical examination
 - Pre-anesthetic/surgical blood testing
 - Intubation for inhalant anesthesia as needed
 - Pre or Post surgical hospitalization / monitoring.
 - Pain management medications
 - Home care medications

2. _____ **PRE-ANESTHETIC / SURGICAL BLOOD SCREENING - is required for all patients** to identify kidney, liver, or heart abnormalities that could lead to surgery complications. Recommended for all patients varying based upon age. (Handout available)

3. _____ **FELINE LEUKEMIA/FIV testing for cats is required** to identify any immune deficiencies that can cause problems under anesthesia, and will help to identify medical conditions that may affect the health of my pet now and in later years **unless done previously.** (Handout available)

4. _____ **HEARTWORM TESTING - IS REQUIRED for dogs unless valid test is on file.** Our test will **test for four diseases: heartworms, ehrlichia, anaplasmosis and lyme exposure** (all tick borne diseases) for one price and prescribe medications/preventatives when needed. Each of these diseases can affect the health of my pet now and in later years so early detection and prevention is very important. Heartworm negative pets will need to put on a monthly heartworm preventative given at home for life and **annual retesting is required.** (Handout available)

5. _____ **PAIN MANAGEMENT IS REQUIRED** to help the patient during the surgery, in recovery, and for home recovery period as my pet will experience discomfort for a couple of days post surgery. (Handout available)

6. _____ **COSTS** surrounding the surgery **will** include: (a detailed estimate will be provided to me if requested)
 - a. Surgery (Variable)
 - b. Pre/post surgery pain management (\$30 - \$60)
 - c. Pre-anesthetic / pre-surgical blood screening test (if < 7 years of age) or (\$43 - \$90)
 - d. Comprehensive blood screening test(if > 7 years of age) (\$87 - \$140)
 - e. Antibiotic medications (\$15 - \$60)
 - f. **Flea / tick medication applied if my pet has fleas/ticks (\$18 - \$35)**
 - g. **All vaccinations / and a fecal exam** not current will be given to include a bordetella, heartworm / tick disease screen test or feline leukemia/FIV test and a fecal for intestinal parasites.

I would like to have:

7. **Y N MICROCHIP.** Yes I would like to microchip my pet today and receive a **10% discount** on the service.
8. **Y N HEARTWORM PROTECTION needed.** I want to pick up a: 1 month 3 month 6 month 12 month supply.
9. **Y N FLEA/TICK PREVENTATIVES needed.** I want to pick up a: 1 month 3 month 6 month 12 month supply.

Payment Information:

- 10. _____ I, the owner or agent of the animal described above, do hereby release Disputanta Animal Hospital, their agents and representatives from all liability for said animal.
- 11. _____ I understand that Disputanta Animal Hospital does not extend credit without approval in advance.
- 12. _____ I understand that the balance is expected in full before my animal will be released.
- 13. _____ I plan to pay today using: **CASH CHECK CREDIT CARD (Visa, MC, Discover) CARE CREDIT**
- 14. _____ I have carefully read, understand, and hereby authorize treatment of my animal as described above.

X Signature: _____ **Date:** _____

Phone # where I CAN BE reached today: (While my pet is being treated)	(Work) _____ (Home) _____ (Cell) _____
Emergency contact: Name _____ Phone number _____ (Authorized to make treatment decisions)	