

**ALL PETS MEDICINE, SURGERY, & REHABILITATION CLINIC, PA
PRE-SURGICAL AUTHORIZATION (CANINE SPAY/NEUTER)**

This is a big day for your Pet!!

It is our goal to make you and your pets' experience as smooth and comfortable as possible. By carefully filling out the information on both sides of this sheet, you will help us to give exactly the level of care that your pet deserves.

Remember, our staff wants to help with any questions that you might have!

Pet's name: _____ Age: _____

Is your pet currently taking any topical or oral medications, supplements, or flea/tick/heartworm prevention? If yes, please name medication and when last dose was given?

Surgical procedure(s) to be performed: _____

Phone number where you WILL BE AVAILABLE today: _____

How would you like us to communicate with you after surgery?

Text OR Phone call

Fleas: It is important to keep our patients free of external parasites such as fleas and ticks. If your pet is diagnosed as having fleas or ticks while in the care of All Pets Medicine, Surgery, and Rehabilitation Clinic, your pet will be treated at an additional cost. **INITIALS:** _____

Vaccinations: Prevention is paramount to maintaining a healthy pet; therefore, the doctors and staff of All Pets require that your pet be current on all core vaccinations (Distemper/Parvo and Rabies) and highly recommend Lyme and Kennel Cough.

Vaccines Required: Needs Rabies Needs Distemper/Parvo Patient Current **INITIALS:** _____

Vaccines Highly Recommended: Needs Lyme Needs Kennel Cough

Pre-Anesthetic blood screen Like you, our greatest concern is the well-being of your pet. Before any anesthetic procedure your pet will receive a comprehensive physical exam. However, there are many conditions, including disorders of the kidneys, liver, or blood, which cannot be detected by physical exam alone. Pre-anesthetic blood work provides the doctor with more information on your pet's overall health, and that information aids in making anesthetic decisions. We are able to complete these tests in house and have results in minutes. This screen will be performed today to check for potential issues listed above and also to provide baseline values for future reference.

Radio / laser surgery (\$36.05) –All Pets Medicine, Surgery, and Rehabilitation is proud to offer the Radio Surgical Machine that uses heat to make the incision instead of a scalpel blade. This service significantly reduces pain, swelling, bleeding, and risk of infection, which means less pain and faster healing for your pet.

Yes, Please use the Radio Surgical Machine for my pet's procedure.

No, I do NOT wish to have the Radio Surgical Machine used for my pet's procedure.

***PLEASE FINISH ON BACK OF SHEET* ☺**

Please note:

- Your pet will be undergoing general anesthesia for this procedure. If he or she is 4 years of age or older (or by Doctor discretion) his/her leg will be shaved and an IV catheter will be placed for support under anesthesia. **INITIALS:** _____
- Patients getting spayed or neutered will have a small green tattoo near the incision placed to identify they have been surgically altered (fixed). This procedure is non painful and free of charge. **INITIALS:** _____ **If you prefer your pet **NOT** have this tattoo please select this box

PATIENTS FOR SPAY SURGERY ONLY:

- Has she been in heat recently? Yes _____ No _____ If your pet is found to be in heat at the time of surgery there will be an additional \$23.01 charge due to the increase in surgery time.
- If your pet is found to be pregnant during spay surgery, we have two options: (check one)
 - Continue with surgery**
There will be an additional \$54.08 charge to spay a pregnant animal. A pregnant uterus is larger in size and has an increased blood supply which leads to longer surgery time.
 - Stop surgery and let the pet continue with pregnancy.**
You will be charged for the anesthetic and surgery time to this point.

OTHER SERVICES: Please check any of the following services you would like us to perform.

- Heartworm Test (\$46.17)**
- De-worming**
- Microchip (\$49.43):** Email to register microchip to: _____
- Other (please explain)**
- Check Ears (no charge)**
- Nail Trim (no charge)**

Pick up time: _____ (please schedule a time with the technician)

Owner's Name: _____ Date: _____

Signature of Owner/Responsible Agent: _____

Staff member check in initials: _____