

# MEDFORD ANIMAL HOSPITAL SURGERY FORM

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_ PET NAME: \_\_\_\_\_

PROCEDURE: \_\_\_\_\_

DOGS: DHLPP \$19 \_\_\_\_\_ Rabies \$17 \_\_\_\_\_ Bordetella \$18 \_\_\_\_\_ Proheart \$40-\$75 \_\_\_\_\_

CATS: FVRCP \$16.50 \_\_\_\_\_ FELV \$18.50 \_\_\_\_\_ Rabies \$21 \_\_\_\_\_ FELV/FIV Test \$32 \_\_\_\_\_

Heartworm test \$29 \_\_\_\_\_ Home Again Microchip \$48 \_\_\_\_\_ Anal Gland Expression \$17 \_\_\_\_\_

- **Pre-Anesthetic Screen (\$44.00)** Yes \_\_\_\_\_ No \_\_\_\_\_

Done here at the hospital prior to anesthesia, this assures us that the liver and kidneys are functioning properly.

- **IV Fluid Care (\$34.00)** Yes \_\_\_\_\_ No \_\_\_\_\_

Maintains hydration and blood volume during the procedure.

- **Pain Management-as of 2010, Oregon state law states that veterinarians can no longer withhold and owners cannot decline pain management.**

**Dentistry-** I authorize any extractions, oral surgical procedures and additional pain management as deemed necessary by the veterinarian. YES \_\_\_\_\_ NO \_\_\_\_\_

Are extractions permitted for retained baby teeth if any? YES \_\_\_\_\_ NO \_\_\_\_\_

**Histopathology-** Tissue sample sent to the laboratory for analysis. YES \_\_\_\_\_ NO \_\_\_\_\_

There may be an additional charge (up to \$100.00) on Canine spays that are overweight, in heat, pregnant or over 2 years of age. There may be an additional charge (up to \$50.00) on feline Spays that are pregnant.

\_\_\_\_\_ If your pet is diagnosed with fleas or ear mites there will be an additional charge for treatment.

I am the owner or authorized agent of the above mentioned pet. I understand there may be unforeseen complications and that further treatment may be necessary during the hospitalization. I authorize the doctors/staff to follow through with any treatment and/or procedures that are necessary for the well being of the pet. I accept and assure full responsibility for any and all services rendered by the clinic in the treatment of the animal and agree to pay the fees at the time of my pet's discharge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\* FOR OFFICE USE ONLY \*\*\*

Callback \_\_\_\_\_

Owner Called \_\_\_\_\_

Invoice \_\_\_\_\_