

SURGERY CHECK-IN FORM

5/03/23

Date: _____

Owner Name: _____ Emergency contact number: _____

Address: (Must be current and complete): _____

Email (used for reminders): _____

Pet Name	Dog or Cat	Breed	Color (s)	Male or Female	Age

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Did you bring a RABIES CERTIFICATE? Y N
 Has your pet recently had a litter (within 8 weeks)? Y N
 If yes, explain _____
 Has your pet ever had a seizure? Y N
 If yes, explain _____
 Is your pet currently on any medications? Y N
 If yes, explain _____
 Is your pet currently ill, chronically ill, or had prior surgery? Y N
 If yes, explain _____
 Has your pet ever had a reaction to a vaccine? Y N
 If yes, explain _____

WOULD YOU LIKE US TO DO THE FOLLOWING:

Repair umbilical hernia **\$25** Y N
 Extract retained baby teeth **\$5/tooth** Y N
 Remove rear dew claws (Dogs) **\$20** Y N
 Treat for tapeworms **\$15** Y N
 Anal Gland Expression **\$20** Y N
 Pre-Anesthetic Bloodwork **(\$20 - \$50)** Y N
 Trim nails or Apply Soft Paws **(\$15 - \$20)** Y N
FERAL/OUTSIDE CAT Ear Knotch Y N

If your pet has fleas/ticks, a 30-day product will be applied at the cost of \$15 for the sanitation and protection of the other animals.

PLEASE INDICATE BELOW WHICH SERVICES YOU WOULD LIKE US TO PERFORM TODAY:

SURGERIES

Female Dog \$75
 Male Dog \$65
 Female Cat \$55
 Male Cat \$45

MISC SURGERY CHARGES

Cryptorchid \$25/testicle
 In-Heat (Dog only) \$10
 Pregnant \$25
 Umbilical hernia \$25
 Teeth removal \$5/tooth
 Addtl pain meds \$20
 Addtl antibiotics \$20
 Pyometra (w/antibiotics) \$40
 E-COLLAR \$5
ADDTL SERVICES
 Microchip w/surgery \$20
 Heartworm test \$20
 FIV/FeLV Test \$30
 Fecal \$15

Dewormer \$5-25

WELLNESS PACKAGES

Dog annual –Vaccines + HWT \$60/\$65 3y
 Just Shots–Vaccines only \$45/\$50 3y
 Cat annual – All vaccines \$55/\$60 3y
 Puppy package 1 & 2 \$35 3 - \$45
 Kitten package 1 & 2 \$45 3 - \$55

INDIVIDUAL VACCINES

Rabies \$12/\$20 3 y
 DAPP (w/Lepto) \$15 (\$20)
 Bordetella \$20
 Lepto \$10
 FRCVP/FeLV \$25/\$25

HEARTWORM PRODUCTS

Tri-Heart (HW prevention, dewormer)
 Blue \$7 mo \$40 6 mo (in puppy pkg)
 Green \$9 mo \$50 6 mo
 Brown \$11 mo \$60 6 mo

Triflexis (Flea, dewormer, HW prevention)
 \$21 mo \$120 6 mo \$10 w/puppy package

ProHeart 6 (6 month HW injection)
 \$45(<25) \$55(26-50) \$65(51-100) \$75(100+)
ProHeart 12 (12 month HW injection)
 \$85 (<25#) \$105 (26-50#) \$125 (51-100#) \$145 (100+#)

Revolution Cats (fleas, ticks, ear mites, dewormer, HW prevention)
 \$20 mo / \$115 6 mo
Revolution Dogs (fleas, dewormer, HW prev)
 \$25 mo / \$140 6 mo

FLEA/TICK PRODUCTS

Bravecto (flea/tick; one dose lasts 3 months)
 \$22 mo \$52 3mos \$99 6mos
Effipro (monthly, topical flea/tick treatment)
 Cats & Dogs: (All sizes) \$15dose \$42 bx of 3

SIMPARICA TRIO (HW, Fleas/Ticks, DW)
 \$25 mo \$150 6 mo

Wt: HR: RR: T: CRT: MM: HS:

OFFICE USE ONLY: I HAVE BEEN SHOWN THE INCISION AND GUM COLOR OF MY DOG(S) AND ASSESSED MY CAT(S) AT THE TIME OF DISCHARGE. I HAVE VOICED ANY CONCERNS/QUESTIONS I MAY HAVE ABOUT MY PET'S POST-OPERATIVE CONDITION. _____

Dehart Veterinary Services, PLLC. (DVS) uses qualified staffing & approved materials for all procedures performed. It is important for you to understand that the risk of injury or death, although extremely low, is always present, just as it is for humans who undergo surgery. Carefully read, & ensure you understand, the following before initialing each line and signing your name:

- 1. I, acting as owner or agent of the pet named above, hereby request and authorize Dehart Veterinary Services, PLLC., through whomever licensed veterinarian they may designate, to perform an operation for sexual sterilization or dental procedure of the animal named on this form.
- **2. I understand that the operation I have elected presents some hazards, and that injury to, or death of, an animal may conceivably result, for there is some risk in the procedure, and some risk in the use of anesthetics and drugs provided for the procedure.**
- 3. I understand that it takes up to 2 weeks for vaccinations to protect my animal and therefore my animal is not sufficiently vaccinated against potentially communicable diseases if not vaccinated 2 weeks prior to surgery. I understand that if my pet develops a systemic infection after surgery, I am responsible for treatment at my own cost.
- 4. I certify that to my knowledge my animal is in good health and, if an adult, has had **no food** since 12:00 midnight the evening prior to surgery.
- 5. I understand that Dehart Veterinary Services, PLLC. has the right to **refuse service** to any animal to whom surgery is deemed a health risk.
- 6. I understand that Dehart Veterinary Services, PLLC. will examine my pet to make sure he or she appears healthy enough to undergo surgery, but may not perform a comprehensive physical examination before surgery is performed. Furthermore my animal will not receive pre-operative bloodwork unless I have opted for this service.
- 7. I understand that, if getting a dog neutered, Dehart Veterinary Services does **not** perform scrotal ablations at time of surgery. Any canine neuter patient has a risk of scrotal swelling that may cause a rechecks and scrotal ablation to be necessary after the initial surgery. To minimize this risk, I will follow the discharge instructions, especially keeping my dog calm with minimal activity during the recovery period. I am aware that this risk is considerably greater for dogs over 45 lbs. or those with large scrotums. Treatment at a location other than DVS will be at my expense.
- 8. I understand that I may purchase additional antibiotics and/or pain medication at discharge. If I choose not to do so, I understand that it may take up to a week to obtain them from Dehart Veterinary Services via mail or I will have to obtain them from my regular full-service veterinarian at my own expense. I understand that I may drive to another Dehart Veterinary Services location to obtain these medications at my convenience.
- 9. I understand that some factors significantly increase surgical risk, including, but not limited to, increased age, brachycephalic breeds, pregnancy, estrus/heat, obesity, and diseases such as feline immunodeficiency virus (FIV), feline leukemia (FeLV), bleeding disorders, and heartworms.
- 10. I understand that if my animal is pregnant, the pregnancy will be terminated at surgery without notification.
- 11. I understand that if my animal is pregnant, in heat, or is cryptorchid the veterinarian will proceed with the surgery at an extra charge.
- 12. I understand that if my animal requires a longer surgery time or extra medications there will be an extra charge.
- 13. If my pet has fleas or ticks, a short acting treatment will be administered at my expense at the cost of \$15.
- 14. If I am unable to get my pet(s) at the designated pick up time it is my responsibility to contact Dehart Veterinary Services to make arrangements. If I cannot come get my pet(s) and the pet(s) have to remain overnight a boarding fee of no less than \$40 per night will be charged. If the pet(s) are not picked up in 24 hours they will be turned over to the local Animal Control Agency. It is my responsibility to make arrangements to pick up by pet(s) by the designated pick up time. A late fee (\$20) will be assessed 30 minutes after the designated pick up time. Check out time is subject to change and I am responsible for providing a telephone number that I may be readily reached at.
- 15. I hereby release Dehart Veterinary Services, PLLC., all veterinarians, assistants, volunteers, directors, and employees from any and all claims arising out of, or connected with, the performance of this procedure or any adverse reactions from vaccinations. I agree that I have not and will not assign any consequences related thereto. This includes, but is not limited to incisional infections, scrotal swelling, minor incision dehiscence and incision seromas.
- 16. I hereby agree to indemnify and hold Dehart Veterinary Services, PPLC. harmless for any damages caused by any unforeseeable events including fire, vandalism, burglary, extreme weather, natural disasters, or acts of God.
- 17. I hereby agree to listen, read, and follow the discharge instructions that are given to me when I check in my pet(s). I acknowledge that any injury/infection caused by failure to adhere to the discharge instructions will need to be treated at my own expense. I agree to first contact Dehart Veterinary Services, PLLC and attempt to have them recheck my pet(s) prior to bringing them to my regular veterinarian for a recheck. If Dehart Veterinary Services, PLLC cannot be reached prior to my pet(s) recheck I will contact them afterward to give them an update on his/her condition. Charges obtained at another veterinary office are my responsibility to pay.
- 18. I understand that Dehart Veterinary Services is NOT responsible for previously broken carriers and the consequences that it causes.
- 19. I understand that **IF** my dog is current on its rabies vaccination and I **DID NOT** show the certificate at check in then I am **REQUIRED** to get proof of the rabies vaccine **BEFORE NOON**. If I fail to do this I understand that a rabies vaccine will be given to my pet at an extra charge of **\$12**.
- 20. I have received a copy of the discharge instructions and will read them before picking up my pet. If I have any further questions about them I will ask a staff member before taking my pet home.
- 21. It is the recommendation of Dehart Vet Services for ALL DOGS to go home with e-collars that are to be left on for 7-10 days post-surgery. Not wearing an e-collar can result in your pet causing significant damage and/or infection to the incision site. This injury in the need for further surgery or at least medical treatment at the owner's expense. Please select the following based on this recommendation and your preferences.

I OPT TO TAKE HOME AN E-COLLAR FOR MY DOG (\$5)

I OPT TO NOT TAKE HOME AN E-COLLAR FOR MY DOG

I OPT TO HAVE Pre-Anesthetic Bloodwork PCV or Liver/Kidney panel

I OPT TO **NOT** HAVE Pre-Anesthetic Bloodwork

YOUR ANIMAL WILL RECEIVE A SMALL GREEN TATTOO ON HIS/HER UNDERSIDE TO SHOW THAT HE/SHE HAS BEEN STERILIZED. BY SIGNING THIS FORM, YOU ARE AGREEING AND FULLY UNDERSTAND EVERYTHING STATED ABOVE, INCLUDING EXTRA CHARGES.

Print name: _____ Signature: _____

Date: _____