

ISOM

Veterinary Hospital

PROCEDURE: _____

Patient:

Date:

Client:

Phone: _____

PRE-SURGICAL BLOOD SCREEN

Anesthesia carries some risk. We recommend that all patients admitted for surgery and/or dental cleaning have a pre-anesthetic blood test to screen for any pre-existing internal problems that may not be evident clinically but could possibly lead to complications during the procedure.

Fee: \$56.00

- Yes, please perform the pre-anesthetic blood screen to ensure the safety of my pet.
 No, I do not want the pre-anesthetic blood screen performed.

POST-OPERATIVE PAIN

Surgery is painful. We recommend giving a pain injection at the time of surgery that will last for 24 hours. This will help with pain and inflammation.

Fee: \$20.00

- Yes, please administer the 24 hour pain injection.
 No, I do not wish to give a pain injection.

IV FLUID ADMINISTRATION

We recommend placing your pet on IV fluids during the procedure to help support organ function, keep your pet hydrated and maintain blood pressure at safe levels. It also allows emergency medications to be administered quickly if needed.

Fee: \$38.00

****NOTE: IV Fluids are required on patients 7 years and older****

- Yes, please administer IV Fluids to my pet.
 No, I do not wish to have IV Fluids administered.

RESQ MICROCHIP

We offer the ResQ Microchip at a discounted price during surgery.

Fee: \$35.00

- Yes, please microchip my pet.
 No, I am not interested at this time.

****There will be an additional charge for those animals being spayed who are in heat or pregnant at the time of surgery.**

****There will be a charge to you for an external parasite treatment of your pet if it is found necessary. This is to ensure parasite control throughout the hospital.**

****FOR DENTALS ONLY: Teeth extractions may be performed at the doctor's discretion. If you do not want any teeth extracted, please inform a doctor and note this on this form.**

I, the undersigned, do hereby certify that I am the owner (authorized agent) of the animal described above, that I do hereby give Trampus Isom, DVM, Kelli Isom, DVM, Jenna Crouch, DVM, Jeff Saylor, DVM, their agents, servants, and/or representatives full and complete authority to perform the surgical procedure discussed. I do hereby release the said doctors, their agents, servants, or representatives from any and all liability arising from the said surgery and anesthesia on the said animal.

Signed: _____ Date: _____