

Animal Clinic of Paulding
Surgical Check In Form

All surgeries are given Propofol.
This is a safer anesthetic agent that allows your pet to wake up faster.

Pet Name: _____

History: Please answer with a Yes or No

Was food given today? _____

Is your pet on medication? _____
If so, was it given today? _____

Any concerns or questions? _____

Was a flea preventative used within the last month? _____ If yes, what? _____
When? _____

Required:

Heartworm test (DOGS): Heartworm disease is prevalent in Paulding County. If your dog has not been tested within the last year, we require this test before surgery to reduce potential life threatening complications. The cost is \$26.25.

Pain management: Your pet will receive pain medication at the time of surgery to reduce postoperative pain and optimize healing time. Pain medicine will also be sent home with your pet upon release. The cost is included in the price of all routine procedures such as spay, neuter, & declaw surgeries. If it is a non routine surgery, please ask for an estimate.

Flea Control: If fleas are found on your pet, we will deflea them at the cost of \$37.94. This is to ensure that fleas will not get into the incision during surgery and contaminate it.

Optional: Please circle YES or NO

Blood test: (REQUIRED for patients over 5 yrs old) We recommend your pet have a preanesthetic blood test prior to surgery to detect any liver or kidney abnormalities and avoid potential anesthetic complications.

The cost is \$35.00. **YES or NO**

Leukemia/FIVtest (CATS): These diseases can significantly increase surgical risks. Cats can either be born with these diseases or obtain it later through contact with other cats. The cost is \$51.00. **YES or NO**

Microchip: Inserted under the skin. It will help us or the dog warden get your pet back to you should they become lost. The cost is \$39.50. **YES or NO**

Proheart Injection (DOGS): An injection lasting for 6 months that prevents heartworm disease. The cost is \$35-\$83 depending on the weight of your dog. **YES or NO**

Please read the following and sign:

I certify that I am over 18 years of age and am either the owner or acting upon the owner's behalf. I will assume responsibility for all charges incurred in the care of this pet. I understand that full payment is due at time service is rendered and before this pet is released from the hospital.

Owner/Guardian: _____

Printed name: _____

Contact phone # for AFTER surgery: _____

Date: _____

PAYMENT CAN BE MADE WITH CASH, VISA, MASTERCARD, CARE CREDIT, OR ATM/DEBIT CARDS.