

Arrive for admission between 8:00am and 8:30 am on \_\_\_\_\_.

Fasting instructions: NO FOOD after 8:00 PM the night prior to anesthesia. Access to water is acceptable.

Please note: If your pet has external parasites on admission, treatment will be applied at your expense.

Date: \_\_\_\_\_ Owner's Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

Please check box and initial below:

\_\_\_\_\_ I understand that my pet is undergoing general anesthesia for the below procedure

Procedure(s) scheduled for today (may not include additional post-op pain control AND does not include any medication to be sent home)

OHE-Spay (Female)

\*Estrus (heat) is an additional charge of \$80.00

- \_\_\_\_\_ Canine Spay 0-25# \$ 400.00
 \_\_\_\_\_ Canine Spay 25-50# \$ 430.00
 \_\_\_\_\_ Canine Spay 50-75# \$ 470.00
 \_\_\_\_\_ Canine Spay 75-90 # \$ 550.00
 \_\_\_\_\_ Canine Spay 90# + \$ 615.00

Castration (Male)

- \_\_\_\_\_ Canine Castration 0-25# \$275.00
 \_\_\_\_\_ Canine Castration 25-50# \$ 295.00
 \_\_\_\_\_ Canine Castration 50-75# \$ 320.00
 \_\_\_\_\_ Canine Castration 75# + \$ 350.00

Additional Diagnostics/Treatments:

Pre-anesthetic blood testing: \$121.40  Accept  Decline

This test can help reveal hidden problems, which could alter or even prohibit anesthesia.

Blood clotting test: \$76.90  Accept  Decline

Highly recommended before any invasive surgical procedure. Blood clotting disorders are uncommon, but this test can detect abnormalities before pursuing surgery.

Electrocardiogram Screen (ECG): \$52.00  Accept  Decline

This screen can help detect abnormal electrical impulses and/or changes in the size of the heart.

Other Services Requested:  Express Anal Sacs \$28.00  Nail Trim- Complimentary  Clean Ears \$30.00  Microchip \$55.00

What do you feed your pet? \_\_\_\_\_

When did your pet last eat? \_\_\_\_\_ When did your pet last drink? \_\_\_\_\_

Is your pet on heartworm, flea and tick preventative?  No  Yes - Brands? \_\_\_\_\_

Is your pet on any other medication(s)?  No  Yes If yes, dosage & time last given: \_\_\_\_\_

Permission for additional Diagnostics and Treatment. Please read before signing.

If we find the need for additional diagnostic lab work or x-rays, or surgical anesthetic procedures, would you like us to:

- Perform the procedures if below \$ \_\_\_\_\_  Contact you with an estimate

I permit DeSoto Animal Clinic to treat my pet within the above guidelines, please provide us with phone numbers where we can reach you for any questions or concerns. If we cannot reach you, by signing below, you authorize our doctors to make any necessary medical decisions (if needed) in your pet's best interest.

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

Primary Phone : \_\_\_\_\_ Secondary Phone : \_\_\_\_\_