

Canine Surgery Form

Patient _____ Procedure _____

All dogs 4 months of age and older are required to have proof of a current Rabies vaccination or one will be given today. Cost is \$10.00. Initial _____

All dogs are required to have a Bordatella (Kennel Cough) vaccination. Initial _____

If live fleas are found a capstar tablet will be administered for a fee of \$6.25 Initial _____ We can also apply a month long flea control, for an additional fee. Accept _____ Decline _____

All surgical patients receive a physical prior to anesthesia at no extra cost to you. If your pet is 7 years or older pre-anesthetic labwork will be required to ensure safety of anesthesia. You may also request this labwork on your younger pet. Cost is \$46.00 Accept _____ Decline _____

If your dog has an umbilical hernia it can be easily repaired during surgery at an additional cost of \$20.00 Accept _____ Decline _____

If your dog is 6 months or older and has deciduous teeth (baby teeth) present at the time of surgery that have not yet fallen out, we can remove them for \$7.00 per tooth, the fee will not exceed \$25.00 Accept _____ Decline _____ We can also apply a dental sealant to your pets teeth to prevent future dental problems for \$10.00 Accept _____ Decline _____

If your dog is in heat or early pregnant there will be an additional fee of \$15.00, if your pet is late term pregnant the fee will be \$40.00 Accept _____

Post-operative pain medications are highly recommended on all surgical patients and is required on all declaws and orthopedic procedures. The cost is approximately \$9.00 Accept _____ Decline _____

I, the undersigned, do hereby certify that I am the owner (duly authorized agent for the owner) of the animal described, that I do hereby give the doctors and staff at Mountain View Veterinary Clinic full and complete authority to perform the surgical procedure described above. And I do hereby and by the presents forever release the said doctors and staff from any and all liability arising from said procedure on said animal.

Emergency Contact Number _____

Sign _____ Date _____