

MEDFORD ANIMAL HOSPITAL SURGERY FORM

NAME: _____ DATE: _____

CONTACT NUMBER: _____ PET NAME: _____

PROCEDURE: _____

Notes:

Would you like us to vaccinate your pet?

Dogs: Distemper/Parvo _____ Rabies _____ Kennel Cough _____

Cats: Upper Respiratory _____ Feline Leukemia _____ Rabies _____ Viral test _____

Does your pet need any of the following?

Heartworm Test _____ Micro Chip _____ Nail Trim _____ Anal Glands _____

We will administer **capstar** at a cost of \$6.00 per pet if we see any evidence of **fleas**.

**We recommend all pets receive Pre-op Fluids, Pain management,
and a basic pre-anesthetic screening.**

- **Dentistry**-I authorize any extractions, oral surgical procedures and additional pain management as deemed necessary by the veterinarian. Yes _____ No _____
- Are extractions permitted for retained baby teeth if any? Yes _____ No _____

There may be an additional charge (up to \$100.00) on **Canine spays** that are **overweight, in heat, pregnant or over 2 years of age**. There may be an additional charge (up to \$50.00) on **Feline Spays** that are **Pregnant**.

I am the owner or authorized agent of the above mentioned pet. I understand there may be unforeseen complications and that further treatment may be necessary during the hospitalization. I authorize the doctors/staff to follow through with any treatment and/or procedures that are necessary for the well-being of the pet. I accept and assure full responsibility for any and all services rendered by the clinic in the treatment of the animal and agree to pay the fees at the time of the animals discharge.

Signature: _____

Date: _____