**Spring Hill Animal Clinic**
4610 Spring Hill Ave
Mobile, AL 36608
Office: (251) 343-5033 Fax: (251) 343-5034

**DATE**_____

**OFFICE USE ONLY**
Weight: _____

## OWNER INFORMATION

First Name:_____ Last Name:_____

Address:_____

City:_____ State:_____ Zip:_____ Driver's License #_____

**BEST** phone number for us to reach you via call or text:_____

E-mail address:_____

## PET INFORMATION (DOG)

Name:_____ Age/Date of Birth:_____

Breed:_____ Color_____ Gender: M F

The following are services we offer for the health of your dog: Please **INITIAL** any service that you would like us to do for your dog today while your dog is in our care. Failure to indicate will result in services **NOT** being performed. All services listed are **IN ADDITION** to any surgical fees.

**Cold Laser Therapy** – Cold Laser Therapy reduces pain and inflammation and speeds up healing. The cost is **$5 for spay and neuter and $27 for all other surgical procedures.**

ACCEPT_____ DECLINE_____

**Heartworm Test** – Heartworms are worms that live in a dog's heart and lungs. They are transmitted by mosquitoes and can lead to heart failure and/or severe and fatal respiratory distress. The cost for the heartworm test is **$32.50.**

ACCEPT_____ DECLINE_____

**Intestinal Parasite Exam** – Intestinal parasites (worms) are harmful to your pet. They can cause vomiting, diarrhea, anemia, and intestinal obstruction. Sedation can increase these symptoms or cause them to start if your pet has parasites but has yet to show any signs or symptoms. The cost for the parasite exam is **$25.00**

ACCEPT_____ DECLINE_____

**Post-Operative Pain Medication** – Provides an additional 3 days of pain relief and anti-inflammatory management for your dog after surgery. The cost of this medication is **$12.48 - $15.48, depending on how much your dog weighs.**

ACCEPT_____ DECLINE_____

**Anti-Nausea Injection** – Nausea and pain can be a post-surgical side effect for dogs. Cerenia, an anti-nausea and interoperative pain control injection, can help alleviate these side effects and help decrease recovery time after surgery. The cost for this injection is **$24 - $106, depending on how much your dog weighs.**

ACCEPT_____ DECLINE_____

## VACCINATIONS AND OTHER SERVICES

___1-year Rabies Vaccination (12 weeks and older)..... $24.50

___Distemper/Parvo Vaccination (6 weeks and older).....$24.50

___Bordetella Vaccination (8 weeks and older).....$24.50

___Microchip Placement..... $35.00

___Nail Trim.....$18.00

___E-Collar.....$15.50

*Other services (ear cleaning, anal gland expression, etc.) are available upon request.*

## ANESTHESIA RELEASE FORM

PET NAME:_____ OWNER NAME:_____

The following are recommendations from the veterinarian that help to make your pet's anesthesia and surgical procedure as safe as possible. Please **INITIAL/INDICATE BELOW** if you would like us to perform these procedures while your pet is in our care. Failure to initial/indicate will result in these services NOT being performed. These procedure costs are **IN ADDTION** to the surgery procedure's cost, and all services listed are **IN ADDITION** to any surgical fees.

PRESURGICAL BLOODWORK: We recommend testing your pet's kidney function (BUN/Creatinine), liver function (ALT, ALP), blood glucose level, total protein, as well as a complete blood count (CBC) prior to undergoing anesthesia. If there are any abnormalities, you will be contacted prior to the surgery. If you cannot be reached, sedation and surgery will be performed at the doctor's discretion. The cost for the bloodwork is **$108.50**

ACCEPT BLOODWORK_____ DECLINE BLOODWORK_____

IV CATHETER PLACEMENT W/FLUIDS: We recommend IV catheter placement and intraoperative fluid administration while your pet is under anesthesia. This fluid administration will help maintain your pet's blood pressure during the surgery and can help your pet have a smoother recovery after surgery. The IV catheter also allows venous access for emergency medications if a problem were to occur during surgery. The cost for IV catheter placement w/fluids is **$28.50**. This is REQUIRED for any procedure(s) other than spay/neuter and if you authorize CPR.

ACCEPT IV CATHETER/FLUIDS_____ DECLINE IV CATHETER/FLUIDS_____

Please list below any **health problems or issues** that your pet currently has or has previously had. Also, please list any **medications** that your pet is currently taking (including monthly prevention for heartworms, fleas, and/or ticks).

_____

## ANESTHESIA/SEDATION AUTHORIZATION

I understand that my pet is undergoing general anesthesia for the following procedure:_____. I understand that there is an inherent risk associated with anesthesia and that mild to severe reactions (including death) can occur while my pet is under anesthesia. If a reaction (including death) to anesthesia occurs, I will not hold Spring Hill Animal Clinic responsible***. If my pet is getting spayed or neutered today, I understand that my pet will receive an alteration tattoo. I also understand that if my pet is pregnant, this procedure will terminate that pregnancy and result in additional costs.*** By signing below, I have read and agreed to the above statements.

____If unexpected complications arise and CPR is needed, **I WANT CPR** to be performed in an attempt to save the life of my pet. **I understand that CPR is an attempt to resuscitate my pet after he/she has arrested.** In the event that this occurs, the veterinarian will contact the owner/authorized agent as soon as they are able. **I agree to pay the charges associated with CPR (between $75 - $100) when my pet is dismissed from the hospital** (charges will ONLY apply if CPR is performed). **If CPR is elected, IV catheter placement will be required.**

____If unexpected complications arise and CPR is needed, **I DO NOT WANT CPR** performed in attempt to save the life of my pet. I understand that not performing CPR and not allowing the veterinarian to administer emergency medication may result in the death of my pet. There is no cost associated with not performing CPR.

**OFFICE USE ONLY**

Checked in by:_____

Vax:_____

CC:_____

_____

***Signature of Owner/Authorized Agent***

**I understand that if my pet has FLEAS or TICKS, he/she will be treated with a CAPSTAR pill for FLEAS ($8.00) or a Nexgard chewable for TICKS ($30.00) at my expense. _____ (owner must initial)**