

# Stone Ridge Veterinary Hospital

550 Center Place Drive  
Rochester, NY 14615  
585-227-4990

## Canine Surgery & Dental Consent Form

### Office use only:

Date/Time \_\_\_\_\_  
Pet's Weight \_\_\_\_\_  
Was pet fasted? \_\_\_\_\_  
Were meds given? \_\_\_\_\_  
Doctor \_\_\_\_\_  
Procedure \_\_\_\_\_  
Receptionist/Tech initials \_\_\_\_\_  
\_\_\_\_\_

### New Patients

If this is your pet's first visit with us, we will perform a full physical examination to insure that there are no obvious health problems that could lead to complications during the procedure. (Cost \$49.00).

### Pre-Anesthetic Blood Tests

Your pet is with us for a procedure that will require a sedative and/or anesthesia. We always recommend a pre-op blood profile to screen for proper function of the kidneys and liver that may not be evident on a physical examination. The testing is **REQUIRED for animals 7 years old or older**. (In-house mini-chemistry is \$52.94; Full CBC/Chemistry is \$82.60)

### Sevoflow Anesthesia

We use both Isoflurane and Sevoflow gas anesthesia. Your Doctor may choose Sevoflow anesthesia for your pet. It is an anesthetic that is utilized for 95% of all human pediatric procedures in the US. It allows for rapid, smooth induction and recovery with no "anesthesia hangover." There is an **additional cost of \$1.00 per minute** of anesthesia time above the normal anesthesia charge. This anesthetic may be more appropriate for your pet's condition/procedure. **Your Doctor will decide which anesthetic to use.**

### Intravenous Catheter & Fluids

**Your Doctor will decide** whether a catheter and fluids will be needed during your pet's procedure.

This is to help make your pet's anesthetic experience as safe as possible by maintaining optimal blood pressure and hydration, as well as to have quick and ready access to the veins should s/he have any anesthetic reactions and require resuscitation. A small patch of fur must be shaved for IV catheter placement. The cost for IV catheter and fluid administration is \$66.74.

### Pain Control

Your pet's safety and comfort are our top priority. Different procedures may cause different levels of discomfort (depending on the individual's pain threshold), therefore, the type of pain medication used and amounts required to keep your pet comfortable will vary. Costs can range from \$20.00/day (for daily medication) to \$50.00. **Your doctor will decide which medication is appropriate to keep your pet as comfortable as possible while in our care.**

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### Vaccines

We **REQUIRE** that all pets be **CURRENT** on their Rabies and Distemper vaccinations. A vaccine to protect against kennel cough and canine influenza are **REQUIRED** annually for dogs boarding with us. There may be an exam charge if vaccines are given. (Cost: \$49.00)

Please administer the following: \_\_\_\_\_ **Distemper (\$21.00)**                      \_\_\_\_\_ **Leptospirosis (\$21.00)**  
   \_\_\_\_\_ **Rabies (\$18.50)**    \_\_\_\_\_ **Kennel Cough (\$27.50)**  
   \_\_\_\_\_ **Canine Influenza (\$27.50)**

## Permanent Identification

We can implant a **microchip** into your pet for **an ID that can't get lost!** This simple procedure can be performed while your pet is here today. The cost for implantation of the chip is \$64.27.

There is no fee when you register your pet at PetLink.net.

Does your pet have a **microchip**? YES \_\_\_ NO \_\_\_

Would you like a **microchip implanted** today? YES \_\_\_ NO \_\_\_

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## **Recommended Procedures**

**Dental Procedures:** Your pet's teeth will be cleaned to remove significant tartar buildup, as well as cleaning along the gum line to help prevent gingivitis. Dental procedures are offered at a discounted rate when completed at the time of other surgeries.

- \_\_\_ YES \_\_\_ Call 1<sup>st</sup> Please **extract teeth** if needed. I understand the cost will vary, depending on what kind of extractions, and how many are needed.
- \_\_\_ YES \_\_\_ Call 1<sup>st</sup> Please take **dental x-rays**. I understand there is a charge of \$42.74 for the 1<sup>st</sup> x-ray, and \$13.81 for each additional one.
- \_\_\_ YES \_\_\_ Call 1<sup>st</sup> Please apply **bonding sealant** to fractured teeth. I understand there is a charge of \$74.67 for the 1<sup>st</sup> tooth, and \$49.40 for each additional tooth.
- \_\_\_ YES \_\_\_ Call 1<sup>st</sup> Please apply **Doxirobe™ Gel** to deep gingival pockets. I understand there is a charge of \$70.52 for this, with additional gel costing 63.52 per tube.  
*\*Antibiotics may need to be given at additional cost.*

**Fecal Test:** For any adult dogs or puppies that have not been tested within the past year.

- \_\_\_ YES Please **provide a fecal** examination for my pet. I understand there is a charge of \$23.50 for this test.

**Heartworm Test:** For dogs older than 6 months, and born prior to last October, or for adult dogs that have not been tested within the past year.

- \_\_\_ YES Please **test my dog for Heartworm**. I understand there is a charge of \$41.90 for this test.

**Baby Teeth Extractions:** For puppies whose adult teeth are erupting but the baby (deciduous) teeth are still present. These baby teeth could cause problems with eruption, or future complications of the adult teeth if not removed. They may fall out on their own later.

- \_\_\_ YES Please **extract any retained deciduous teeth**. I understand there is a charge of \$25.06 per tooth. Loose tooth extractions are \$9.67 per tooth.
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I hereby certify that I have read and fully understand this authorization for treatment. I am the owner or agent for the above-described animal and have the authority to execute this consent. I assume financial responsibility for all charges incurred to the above patient and agree to pay all such charges when the animal is released from the hospital. I understand that in the event of an emergency my pet will have treatment provided at my cost and I will be contacted as soon as possible. I understand that any procedure, especially anesthesia, involves some risks and that results cannot be guaranteed. I understand that if the animal is not current on the combination of distemper and rabies vaccinations, this will be done upon hospitalization and added to the cost of the above procedure(s).

**Signature of Owner or Agent:** \_\_\_\_\_

**Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Emergency Phone Number for Today** \_\_\_\_\_