

Stone Ridge Veterinary Hospital

550 Center Place Drive

Rochester, NY 14615

585-227-4990

Feline 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 \$47.00).

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 check for adequate numbers of blood cells and to check 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 \$50.40; Full CBC/Chemistry is \$77.50 -96.30)

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 pets' 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 ranges from \$64.09.

Pain Control

Your pet's safety and comfort are our top priority. Because different procedures may cause different levels of discomfort (depending on the individual's pain threshold), the type of pain medication used and amounts required to keep your pet comfortable will vary. Costs can range from \$29/day (for daily medication) to \$100 (for a *Fentanyl patch, which lasts 3-5 days and provides 24-hr pain control), and will vary depending on the weight of your pet. **Your doctor will decide which medication is appropriate to keep your pet as comfortable as possible while in our care.** *A small patch of fur must be shaved to apply the pain patch directly to the skin.

Vaccines

We **REQUIRE** that all pets be **CURRENT** on their Rabies and Distemper vaccination. We also recommend an annual Feline Leukemia Virus booster for all outdoor cats, after initial testing is done. There may be an exam charge if vaccines are given (Cost: \$47.00). Please administer the following:

_____ **DISTEMPER (\$18.50)** _____ **RABIES (\$18.50)** _____ **FELINE LEUKEMIA (\$18.50)**

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 the surgical implantation of the chip is \$61.20. 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 ___

Fecal Test: For any adult cats or kittens 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 \$22.05 for this test.

Feline Leukemia Virus/Feline Immunodeficiency Virus (Felv/Fiv) Test: For both indoor and outdoor cats that have never been tested.

___ YES Please test my cat for both Feline Leukemia Virus and Feline Immunodeficiency Virus. I understand there is a charge of \$58.00 for this combination test.

Recommended Procedures

Dental Procedures: Your pet's teeth will be cleaned to remove significant tartar buildup, as well as cleaning under 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 1st Please **extract teeth** if needed. I understand the cost will vary, depending on what kind of extractions, and how many.

___ YES ___ Call 1st Please take **dental x-rays**. I understand there is a charge of \$40.65 for the 1st x-ray, and \$12.70 for each additional one.

___ YES ___ Call 1st Please apply **bonding sealant** to fractured teeth. I understand there is a charge of \$71.10 for the 1st tooth, and \$47.05 for each additional.

___ YES ___ Call 1st Please apply **Doxyrobe™ Gel** for deep gingival pockets. I understand there is a charge of \$57.80 for this, with an additional gel costing \$45 per tube.

**Antibiotics may need to be given at additional cost.*

Tooth Extraction: For kittens whose adult teeth are erupting but the baby (deciduous) teeth are still present. These baby teeth could cause problems with eruption, or future complication 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 \$23.85 per tooth. Loose tooth extractions are \$9.20 per tooth.

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 _____