

Key City Veterinary Clinic

Owner _____ Pet _____

Date _____ Procedure _____

Phone Numbers for Today _____

Pre-Surgical Bloodwork:

We recommend a pre-surgical blood chemistry panel on all pets prior to surgery. Abnormalities may increase surgical risk. If all the tests are normal, it does not guarantee that your pet will not have an anesthetic reaction, but it does tell us that your pet is healthy and in a low risk category.

- For pets UNDER 7 years of age, the cost for this profile is **\$84.00**.
- For pets OVER 7 years of age, the cost for this profile is **\$104.25**.

PLEASE INITIAL: _____ **YES**, I want the blood panel _____ **NO**, I do not want the blood panel

Pain Management:

Injectible and oral pain medication is available for your pet. Patients with proper pain management can recover quicker and with fewer complications. ****Pets over 50 pounds may have additional cost (+ \$15-50)**** _____

PLEASE INITIAL: _____ **YES**, I want surgical pain medication/injection (The cost is \$20-40)

_____ **YES**, I want post-surgical pain medication (The cost is \$15-40)

When possible, do you prefer? Liquid _____

Tablet _____

_____ **NO**, I decline both pain options for my pet.

_____ If my pet is in **heat, pregnant or has an abnormal uterus**, I understand there is an additional **\$22.00 to \$75.00** fee in addition to the surgery cost.

_____ If my pet has retained baby teeth, I authorize the extraction of these teeth. If not extracted, these teeth can cause significant dental disease. These fees can range from **\$10 to \$30** depending on the number of retained teeth present.

_____ If my pet is found to have **fleas or ticks**, I understand they **will be treated** at my expense.

_____ **FOR DENTALS:** I authorize the **extraction** of any teeth the doctor feels need to be removed. I understand there will be additional cost for these extractions. These fees can range from **\$25.00 to \$125.00**.

_____ Initial here if we can use your pet on social media.

While your pet is in the clinic, would you like any of the following services performed:

YES NO

Feline Leukemia AIDs
Test **\$48.00** _____

Vaccinations
(ask for cost) _____

Heartworm Test **\$37** _____

Histopathology **\$108** _____

Microchip **\$44.00** _____

E- Collar **\$10-32.00** _____

Authorization to Perform surgery and/or treatment

I hereby authorize Key City Veterinary Clinic to perform such diagnostic, therapeutic and surgical procedures as described above. The nature of such services has been described to me to my satisfaction and I realize that no guarantee nor warranty can ethically or professionally be made regarding the results or cure. I also authorize the clinic staff in an emergency situation, to follow through with such procedures as are necessary for the well being of my pet on a continuing basis until further communication with me. I understand that I assume financial responsibility for all services rendered.

Signed by owner or agent

X _____

PRINT NAME _____