

SURGERY /GROOMING/ DROP OFF FORM

ANIMAL MEDICAL CENTER OF WARRENTON

79 GARRETT STREET
WARRENTON, VA 20186
(540) 428-0025

DATE OF PROCEDURE: _____

OWNER NAME: _____ PET NAME: _____ PET AGE: _____

PROCEDURE(S): _____

If your pet is on medication(s) please let us know what the name of the medication is, when it was last administered, and the dosage: _____

Please note any additional problems or concerns that need to be checked by the Veterinarian: _____

AUTHORIZATION FOR SURGICAL / DENTAL PROCEDURES (Please check one)

If any conditions are discovered at the time of the procedure that were not recognized previously and call for additional procedures, you will be called first before proceeding with any additional treatments or procedures. If unreachable, I authorize the doctor to:

- Proceed and I understand that by proceeding, the price may exceed the estimate previously given.
- Don't Proceed. I understand that not proceeding may require another anesthetic and/or dental procedure at another time.

PRE-ANESTHETIC BLOODWORK

Blood work prior to any procedure is recommended, regardless of the age of your pet. Any animals over the age of 7 years MUST have Full Panel blood work done prior to sedation to ensure the safest possible treatment and outcome for your pet. We can perform either a Full Diagnostic Panel for \$82.00 or a Pre-Anesthetic Blood Panel for \$49.00. Select one: Full Panel _____ Pre-Anesthetic _____

OPTIONAL TREATMENTS, VACCINATIONS, AND TESTING

Dogs & Cats

Nail Trim-\$9.00

Microchip-\$39.99

Dogs Only

Anal Glands -\$16.00

Lyme Vaccination -\$26.00

Cats Only

FIV/LEUK Test-\$48.00

Leukemia Vaccination-\$24.00

INFECTIOUS DISEASES AND PARASITES

To prevent the spread of infectious diseases and parasites, we require that hospitalized and boarded pets be current with their vaccines and be free of parasites. If your pet is admitted with fleas and/or ticks, it will be treated for these parasites at a nominal charge to you. The following are what we require from each species for your pet's protection. If your pet is not up to date on these vaccines/tests will need to be done at the below stated costs.

Canines

DHPP \$22.00

Rabies \$22.00

Fecal \$18.00

Bordetella \$22.00

Heartworm Test \$36.00

Felines

FVRCP \$22.00 Rabies \$22.00

Fecal \$18.00

Please initial that you have read and understand these hospital policies _____

Owner Initials

PLEASE READ CAREFULLY & COMPLETE

I, the undersigned, certify that I am the owner, or authorized agent for the owner, of the animal described above. I authorize the doctor on duty and assistants to perform the procedures listed on the front and back of this paper, and on the estimate, including administration of pain relief medications, sedatives, and/or anesthetics, as well as any necessary appropriate medical, radiological, surgical, nursing, diagnostic, and/or emergency care for the animal. I have been advised of the nature of the procedure and the potential risks. I also understand that no guarantee of successful treatment can be made.

I have read and understand the reasons for and the risks of the above and attached authorized procedure(s), and assume full financial responsibility for all charges and services incurred to the above described animal.

Signature: _____ Date: _____

Print name: _____

Please be sure to leave a phone number where you can be reached at ANY time during the day as well as an alternate emergency contact number: (List time available at each number if possible)

Phone _____

Alternate Phone _____