

CLIENT: \_\_\_\_\_

PATIENT: \_\_\_\_\_

DATE: \_\_\_\_\_

**Chatham  
Animal Hospital**

105 Oceana Place • Cary, NC 27513  
919-469-8114



**West Cary  
Animal Hospital**

2777 NC Hwy. 55 • Cary, NC 27519  
919-303-1611

VISIT US AT: WWW.CHATHAMANIMAL.COM

● I hereby authorize the staff of Chatham and West Cary Animal Hospitals to perform the following procedure(s):

**I HEREBY AUTHORIZE** the staff of Chatham and West Cary Animal Hospitals to perform anesthesia on my pet(s). I acknowledge that there inherently exists a risk of anesthetic complications during any anesthetic or surgical procedure. The complications can range from mild to life threatening.

(We use a cardiac monitor, respiratory monitor, blood pressure monitor and pulse oximeter during anesthesia for all major surgeries.)

**PRE-ANESTHETIC PROFILE:** Pre-anesthetic profiling reduces the risks of anesthesia by detecting organ dysfunctions as well as other abnormalities reflected in the blood that can affect the outcome of an anesthetic procedure. Most “apparently healthy” pets can tolerate the anesthetic protocol used here quite well. However, it is the non-apparent that most anesthetic complications can be traced back to. It is the potential underlying, hidden problems that we screen for. Once detected, issues that can lead to anesthetic complications can be planned for so the procedure can be completed safely. **Our preference is to draw the sample within two weeks of an anticipated procedure.** Screening can also be done the morning of the procedure, but the panel available at that time is not as comprehensive. Currently the cost of the required screening is **\$46.50**. The Doctor may order a different screen or additional tests depending on the needs of the patient.

Additional Tests: \_\_\_\_\_ Date of sample collection: \_\_\_\_\_

● **PREANESTHETIC EKG:** An EKG is a test of the electrical function of the heart and is transmitted to a cardiologist the morning of the procedure. EKG’s are recommended as a means of alerting the doctor to subclinical arrhythmias that may become life threatening while under anesthesia. Although they are recommended they are not required.

Would you like this done? **YES ~ or NO ~** **\$ 45.76** CODE 539

**INTRAVENOUS (IV) CATHERIZATION** is standard protocol for all human patients undergoing an anesthetic procedure. This allows quick intravenous access for life saving medications in the event of an emergency. **INTRAVENOUS (IV) FLUIDS** support the organ systems (especially the kidneys). During anesthesia they help the patient recover more quickly and feel better sooner post procedure. In order to insure the safety of our patients and to deliver high quality medicine **ALL** patients have an IV catheter placed and are given IV fluids during their procedure. We realize this is an additional cost so we have packaged the catheter together with the fluids for a cost of

**REQUIRED** **\$45.00** CODE 555A

**PAIN MANAGEMENT**-Pain control is an essential part of the humane care of surgical patients. Pre and post operative pain control is used on all surgical patients. The cost of this is **\$17.16** per injection for the most commonly used agents. The doctor may recommend additional pain control measures.

**REQUIRED**

● **LASER SURGICAL OPTION**-(THIS ONLY NEEDS TO BE FILLED OUT IF YOUR PET IS HAVING A SURGICAL PROCEDURE)

Laser surgery is available at our Chatham facility. It is a remarkable advance using a concentrated beam of light to perform the procedure. This technique greatly decreases pain and bleeding as well as post operative discomfort. Cost is an additional **\$67.07** for spays and neuters. The laser cost for other surgeries is variable and should be discussed with the doctor. In most cases the use of laser depends on the procedure and is not optional if it is in the best interest of the pet.

Would you like this done? **YES ~ or NO ~**

● **MASS REMOVAL** (THIS ONLY NEEDS TO BE FILLED OUT IF YOUR PET IS HAVING A MASS REMOVAL SURGERY)

We recommend that all masses are submitted to the lab for microscopic evaluation by a pathologist. It is essential for us to ascertain if a mass is malignant cancer or not and how aggressive it is. Usually only one sample is submitted: the pathology lab fee is currently \$133.13 for 1 sample and increases with additional samples submitted (please ask doctor for costs associated with multiple samples).

Would you like this done? **YES ~ or NO ~**

TURN OVER PLEASE

**NEUTER/SPAY**- Some conditions require additional surgery time and there will be an additional charge. The conditions that require extra charges are:

Males

Retained Testicles  
Inguinal \$25-\$50  
Abdominal \$150-\$250  
(Cost for obese males  
is based on complexity)

Females

In Heat \$ 45.00-\$65.00  
Overweight \$ 65.00-\$125.00  
Early Pregnancy \$ 45.00-\$85.00  
Late Pregnancy \$ 35.00-\$250.00  
Umbilical Hernia Repair \$ 45.00-\$85.00  
Older than 12 months \$ dependent on size and complexity.

● **BABY TEETH** should be removed, if still present. *(THIS USUALLY APPLIES TO THE AGE GROUP PRESENTED FOR A SPAY OR NEUTER)*

Would you like this done?                    **YES ~ or NO ~**                    **( \$25-50 )**

● **DENTAL SCALING AND POLISHING** *(THIS ONLY NEEDS TO BE FILLED OUT IF YOUR PET IS HAVING A DENTAL PROCEDURE)*

Tooth Extractions: We try to save all teeth but sometimes because of advanced disease states, it becomes necessary to remove some teeth. Because of the extra surgical time and anesthesia involved, tooth extractions will be done at an additional charge.

**Please select one of the following for patient undergoing Dental Cleaning.**

\_\_\_\_\_ I authorize Chatham and West Cary Animal Hospital to perform extractions and minor oral surgery as needed.

\_\_\_\_\_ Please call me first, but proceed with any additional dental procedures if I am not available.

\_\_\_\_\_ Please call me before performing any additional dental procedures. I understand that if I cannot be reached, I will have to reschedule a different time to complete the recommended procedures.

● **ORAVET DENTAL SEALANT** *(THIS ONLY NEEDS TO BE FILLED OUT IF YOUR PET IS HAVING A DENTAL PROCEDURE)*

\_\_\_\_\_ You may have a professional application of the dental sealant at the discounted rate of **\$5.00** at the time of the dental (normally \$26.). The home care kit can be purchased for **\$26.** and should be applied 1-2 times a week. This is easy to accomplish and is very worthwhile if you are willing and able to do it. A kit normally lasts 8-16 weeks which translates to between \$1.62 and \$3.25 per week.

Prof Application Only (**\$5.00**) **YES ~ or NO ~** Both application and at home kit (**\$31.00**) **YES ~ or NO ~**

\* If your pet has advanced dental disease, we commonly prescribe a course of antibiotics. The cost depends on your pets size and the antibiotic chosen.

\* Dental aftercare: allow 5-7 days for the gums to be less sensitive before you begin the at-home dental care. We recommend frequent brushing (daily, if possible) with Biotene or CET toothpaste. In addition CET chews, Dentees, and Hills T/D ( as treats or as a regular diet) are also helpful in decreasing plaque in between yearly dental cleanings.

● **MICROCHIPPING**

Because your pet will be under anesthesia today, this is an excellent time for implantation of the HomeAgain microchip. The implantation fee is **\$49.99**. This fee includes life time registration.

Would you like this done?                    **YES ~ or NO ~**

**\*Note to all Hospital Patients \***

For the safety of all patients in the hospital, all dogs must be current on Rabies, Distemper and Bordetella vaccines and cats must be current on Rabies, Distemper, Rhinotracheitis and Calici vaccines. Patient's vaccine records which cannot be confirmed by the time of admission, will have them performed at the owners expense. Also, all patients undergoing a surgical procedure that are found to have fleas, will have a capstar tablet and flea bath performed upon admittance at the owners expense. **IF YOU REQUIRE A WRITTEN ESTIMATE PLEASE ASK. THE DOCTOR WILL PREPARE ONE.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please print your name \_\_\_\_\_

**\*\*Your signature above indicates that you have read and understand the above information. If you have any questions, please ask prior to signing this form.\*\***