



Pet's Name _____

Owner's Name _____

Phone Number _____

Time of last meal _____

Current Medications _____

AGVC Clinic Use Only

Please circle to either accept or decline the following:

Sterilization Surgery (please ask for pricing)

Spay (Female) / Neuter (Male)

**A small green tattoo will be applied on the belly as a permanent indication that your pet has been sterilized.

Pre-Anesthetic Blood Testing (\$75)

Accept / Decline

Pre-Anesthetic Blood Testing **over 7 years old** (\$108)

Accept / Decline / NA

IV Fluid Therapy (\$70)

Accept / Decline

Microchip Identification Implantation & Enrollment (\$63)

Accept / Decline / Already Done

Mild sedative to assist with 10 days post operative rest

Accept / Decline

Please list any additional treatments you would like done (additional cost may apply). Complementary nail trimming and ear cleaning will be performed. _____

The Apple Grove Veterinary Care team strives to provide the highest quality care and perform the authorized precautions to avoid potential risks or problems. **I understand there may be risks involved in anesthetic and surgical procedures (including death) and may require additional treatment.** We provide compassionate care by administering pain management before, during and after surgery to all patients. In addition, patients are monitored continuously from the beginning of anesthesia through recovery by a v veterinary technician.

In the event of an emergency (Please check one)

- Perform CPR (Cardiopulmonary Resuscitation) an IV catheter will be placed if needed
- DNR (Do Not Resuscitate)

I hereby authorize the veterinary care team to perform procedures listed above. The procedure(s) has been explained and no guarantee has been made as to the results. I understand that if my pet has fleas, he/she will be treated prior to surgery with a Capstar Pill (\$9-\$11). **I will pay, in full, for services rendered, including those deemed necessary for medical or surgical complications or unforeseen circumstances when my pet is released.** Any estimates or changes for the planned procedures are only approximations, and the final bill may be greater or less than these amounts.

Client Signature:

Date: