

# Affordable Pet Vaccines Inc.

3350 MacArthur Road Whitehall PA 18052

Toll-Free: 1-855-PET-VACS (1-855-738-8227) Voice, TEXT and Fax

Website: [www.affordablepetvaccines.com](http://www.affordablepetvaccines.com)

Email: [info@affordablepetvaccines.com](mailto:info@affordablepetvaccines.com)

## Pre-Surgical Instructions

**Please ensure that your pet has nothing to eat or drink after 12 am (midnight) the night before the day of the procedure.**

Please bring your pet into the clinic between the following times on the day of surgery, unless special arrangements have been made in advance.

**Surgery drop off time is between 9:00 a.m.-9:30 a.m.**

**If You Do Not Arrive by 9:30 a.m., you will not be admitted for surgery, and you will forfeit your surgery deposit.** Please plan to arrive by 9 a.m. in case of unforeseen issues (weather, traffic, etc.)

During the admission of your pet, we will ask you to sign a consent form. There is also one attached to fill out prior to drop off. Please fill out one form per pet and bring with you the morning of surgery.

You are reminded that all anesthetic techniques and surgical procedures involve some risk to the Patient. In order to minimize the risks, we will perform a full physical examination on your pet. However, we highly recommend pre-anesthetic blood testing for all patients, as this is a great way to screen for many conditions, which may pre-exist but not be physically evident, but which might lead to further complications. The cost of this test, if not already performed, and elected is \$195. If we have not vaccinated your pet(s), then proof of rabies vaccination is required or we will vaccinate your pet today for rabies for a forty-five dollar fee.

**We will contact you** with news of your pet's recovery and give you a pick-up time. We will be contacting you from 1-855-738-8227 or 717-344-5484, so please ensure that you supply us with a relevant telephone number for that day.

**We will contact you once your pet is out of surgery and in recovery.**

At discharge, you will be supplied with a post-operative care sheet for the procedure relevant to your pet's stay with us.

The address of our facility is Affordable Pet Vaccines 3350 MacArthur Road Whitehall, PA 18052



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**Affordable Pet Wellness Express**

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855-PET-VACS 855-738-8227



# Surgery Deposit Form

Surgery Appointment Deposit - This is to reserve your surgical appointment. This deposit WILL BE APPLIED TO YOUR SURGICAL BALANCE, with the following exceptions: You do not cancel your appointment\*, and/or you do not miss your appointment. \*(See Terms and Conditions for cancellation procedures)

Pet's Name: \_\_\_\_\_ Date of Surgery: \_\_\_\_\_

Terms and Conditions:

You may cancel your surgical appointment at any time. **However, to receive a refund of your surgery deposit you must notify us in writing (e-mail) NO LESS THAN 7 days prior to your surgery date.** If we receive your request to cancel at least 7 days in advance of your surgical date, you will receive a full refund of the deposit. If you do NOT cancel at least 7 days prior to your surgery date, your \$50 fee is forfeited. We encourage you to cancel via e-mail, so there is a record of your request. However, if, due to technical issues, you cannot send an e-mail, you may choose to call our office, at 855-738-8227, to cancel your appointment. If you call to cancel at least 7 days prior to surgery, you will receive a cancellation verification code. If you do not receive a cancellation verification code, you will not receive a refund. Please retain your cancellation code until your refund is processed.

I hereby acknowledge that I have read the foregoing and that I am aware of the legal consequences of this agreement. I further acknowledge that no oral representations, statements, or inducements have been made to me.

\_\_\_\_\_  
**Printed name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

## GENERAL QUESTIONS ABOUT THE SURGERY RELEASE FORM

Everything in yellow must be completed.

The rectangle up in the corner that says "In-Clinic Use Only" is for the staff to fill out when you arrive—DO NOT FILL THIS OUT.

### IN REGARDS TO THE OPTIONAL SERVICES

What is the preanesthetic lab work? This checks the kidney and liver function to verify they appear to be functioning normally and able to handle the anesthesia. This also checks the red and white blood cells to make sure there isn't any obvious signs of infection or risk of anemia.

What is the E-Collar? This is the Elizabethan Collar, also called the "Cone of Shame". It is a collar in the shape of a cone that helps prevent a pet from licking at their incision site(s). If your pet licks their incision site and potentially pulls out their sutures, the cost of repairing the site is often more expensive than the initial surgery. E-Collars are recommended for non-dental procedures.

What is the Convenia? This is an antibiotic that is administered by us, while your pet is here today, that lasts for fourteen days. This is recommended for cats, and any pet that is difficult to give pills to orally. As noted, the cost can be excessive if your pet weighs a lot. The cost is thirty-five dollars for the first 10 pounds of body weight and an additional thirty-five dollars for each 10 pounds (or partial pounds) after the first 10 pounds. So, for example, a forty-pound animal would pay one hundred and forty dollars. Thirty-five dollars for pounds 1-10, another thirty-five dollars for pounds 10.1 to 20, another thirty-five dollars for pounds 20.1 to 30, and another thirty-five dollars for pounds 30.1 to 40. So please verify your cost as once we administer it, we cannot take it off your bill.

What about the Biopsy and Radiographs? The biopsy is if your pet is here for the removal of some kind of mass. The biopsy is sent to an outside laboratory for testing to see what sort of tissue and material the mass is composed of. A biopsy can be diagnostic for the suspicion of cancer. Radiographs (X-rays) are used when we are performing a cystotomy (bladder stones).

\*\*\* EACH OF THESE OPTIONS MUST BE EITHER INITIALED ACCEPT, OR INITIALED DECLINED \*\*\*

### IN REGARDS TO GENERAL QUESTIONS FOR THE DAY-OF SURGERY

How will we know our pet is ready? Included in the upper left-hand corner of your form is a place for your phone number. This should be a phone number capable of receiving text messages. As soon as your pet is out of surgery and in recovery, we will text you. That text will contain a pickup time for your pet. Until you receive this text message, we do not know when your pet will be ready. If you don't have a phone number capable of receiving text messages, then we will call you.

Can we call you for updates? While our phone number is always available to call, we do not have any information to convey. As soon as your pet is out of surgery and in recovery, we will text you. Until that time, we do not have any updates to share with you. So, you may call, but please don't be upset that we don't have any updates. We are a small practice and we have limits to our staff. However, rest assured all is well. In the incredible chance that anything at all wouldn't be going perfectly, we would contact you right away.

What if we haven't heard from you? If you haven't heard from us, it is mostly likely that your pet isn't out of surgery. There are two major factors that determine pickup time for your pet. First is where they end up on the surgical rotation. The first pet that has surgery will be ready before the last pet that has surgery. The second major factor depends upon the number of surgery appointments we have. The more patients we have the more likely pick-up time will vary. It can be as early as 11 a.m., or as late at 8 p.m. This does not mean we are open until 8 p.m. The vast majority of our surgery days are completed by 4 p.m., but there are exceptions. If you are not available before 4 p.m., please let us know.

What if I still haven't heard from you? You may have not provided a valid phone number, please double check it is clearly written. If we have a valid phone number you will hear from us as soon as your pet is out of surgery and in recovery.



**Affordable Pet Wellness Express**

**1-855-738-8227**

Subsidiary of Affordable Pet Vaccines Inc.

**SURGERY RELEASE FORM**

**PROOF OF RABIES VACCINATION IS REQUIRED**

Weight: _____	<b>In-Clinic Use Only</b>
Time of last meal? _____	
Rabies Expiration Date: _____	

Date: \_\_\_\_\_

**OWNER INFORMATION:**

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip \_\_\_\_\_  
Email: \_\_\_\_\_  
Contact Number: \_\_\_\_\_

**PATIENT INFORMATION:**

Patient: \_\_\_\_\_  
Breed: \_\_\_\_\_  
Color: \_\_\_\_\_  
Sex: M F MN FS Age \_\_\_\_\_  
Medical Conditions: \_\_\_\_\_  
Daily Medication(s): \_\_\_\_\_

**Surgery Requested:**

\_\_\_\_\_

**\*There is a risk any time anesthesia is used. Your pet may have a pre-existing condition (infection, liver disease, early diabetes, etc.) not apparent during a routine physical examination that could cause complications while under anesthesia. We recommend pre-anesthetic bloodwork to increase your pet's safety and minimize his/her risks while under anesthesia. We also recommended an e-collar to prevent chewing/licking of incision site.**

Service	Cost	Initial to Accept	Initial to Decline	NOTES
<b>Pre-Anesthetic Blood Test</b> (Recommended)	\$195			<b>Chemistry &amp; CBC</b>
<b>E-Collar</b> (Recommended)	\$15			
<b>Microchip (Permanent Identification)</b>	\$35			
<b>Convenia</b> (14-day injectable antibiotic)	\$35			\$35 applies to pets under 10 lbs. An Add'l \$35 for every 10 lbs (or partial lbs) over the initial 10lbs.
<b>Biopsy (Mass Removals) One Site/Two Sites</b>	\$300 / \$360			Code 2701 / 2702
<b>Radiographs(Cystotomy/Mass Removal)</b>	\$185			

**OTHER SERVICES REQUESTED: (i.e. Vaccinations, Canine Heartworm-Lyme Test, Feline Leukemia/FIV Test, etc.)**

\_\_\_\_\_

Please read and initial the following consents:

\_\_\_\_\_ I authorize Affordable Pet Vaccines Inc. and subsidiaries (Affordable Pet Wellness Express) to perform such procedures under any anesthetic or sedation deemed advisable and that hospital support personnel will be employed as deemed necessary by the attending veterinarian. I understand that during the performance of the foregoing procedure, unforeseen conditions may be revealed that necessitate the extension of the foregoing procedure (such as extraction of damaged or diseased teeth during dental procedures) or different procedure than those set forth above. Therefore, I hereby consent to and authorize the performance of such procedures as are necessary and desirable in the exercise of the veterinarian's professional judgment. I have been advised as to the nature of the procedure(s) and the risks involved with anesthesia and surgical procedure(s). I realize that results cannot be guaranteed.

\_\_\_\_\_ I understand that antibiotics (oral or injectable), pain medication (oral or injectable), and anti-inflammatory medication may be prescribed for my pet per the veterinarian's discretion. I also understand that my pet must be free from both internal and external parasites while in the clinic. If parasites are found, my pet will be treated, and this will be an additional cost to the fees for hospitalization and/or surgery.

\_\_\_\_\_ I understand that I am responsible for all fees including: professional fees, medicine, x-rays, hospitalization, and laboratory tests and that these fees are payable when my pet is discharged. I understand that I also accept all financial responsibility for fees that may be accessed by veterinarian and/or treating hospital in the event of any complications pertaining to surgery or procedure described herein. I will be provided a range of discharge times and will pick-up at that time or an additional \$50 late fee may apply.

\_\_\_\_\_ I agree and do hereby release from all liability and hold harmless Affordable Pet Vaccines Inc., Affordable Pet Wellness Express, Veterinarian, staff, associates and any party representing or related to the Affordable Pet Vaccines Inc. pertaining to the surgery or procedure described herein.

I have read and understand this authorization and consent and agree to the information contained herein.

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

In Clinic Use Only:

Owner: \_\_\_\_\_ Patient: \_\_\_\_\_ Species: \_\_\_\_\_  
 Sex: \_\_\_ Age: \_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Procedure: \_\_\_\_\_ Notes: \_\_\_\_\_  
 Surgeon: \_\_\_\_\_ Tech: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs \_\_\_\_\_ kg

Pre-Anesthetics and Analgesics/Non-Inhalation Anesthetics

Drug	Dose/kg	Amount	Route	Drug	Dose/kg	Amount	Route
1 _____	_____	_____	_____	1 _____	_____	_____	_____
1 _____	_____	_____	_____	1 _____	_____	_____	_____

Anesthesia Maintenance

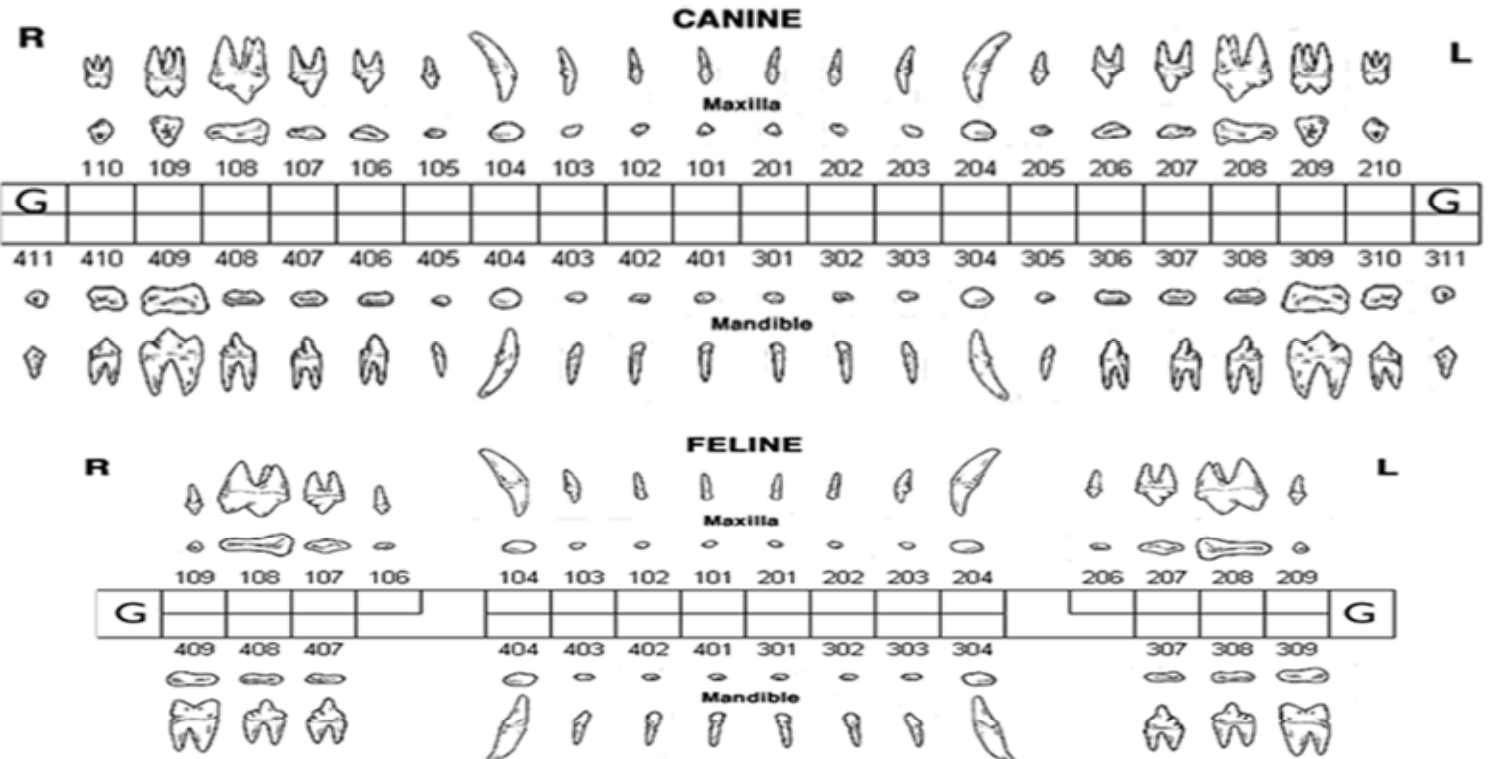
Time	♥ Rate	Respiration	O2	Temp.	Isoflurane

**Anesthetic Gas: Isoflurane**  
**Intubated** 1 Yes 1 No **Tube Size:** \_\_\_\_\_

**Notes:**

Post-Op Analgesics and Medications/Reversal Agents

Drug	Dose/kg	Amt.	Route	Notes	Drug	Dose/kg	Amt.	Route	Notes
1 _____	_____	_____	_____	_____	1 _____	_____	_____	_____	_____





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I hereby acknowledge that I have read the foregoing and that I am aware of the legal consequences of this agreement. I further acknowledge that no oral representations, statements, or inducements have been made to me.

\_\_\_\_\_  
**Printed name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**