

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 Email: info@affordablepetvaccines.com

Pre-Surgical Instructions

Please ensure that your pet has nothing to eat after 12 am (midnight) the evening before admission, and nothing to drink after 7:30am on 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. If your pet is scheduled for a dental, please sign the included dental waiver.

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 a pre-anesthetic blood testing for all patients, to help 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 \$165. 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 thirty 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



Affordable Pet Vaccines Inc.
Affordable Pet Wellness Express

3350 MacArthur Road, Whitehall, Pennsylvania 18052
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

Affordable Pet Wellness Express

1-855-738-8227

Subsidiary of Affordable Pet Vaccines Inc.

SURGERY RELEASE FORM

PROOF OF RABIES VACCINATION IS REQUIRED

Weight: _____

In-Clinic

Time of last meal? _____

Use Only

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
Pre-Anesthetic Blood Test (Recommended)	\$165			Chemistry & CBC
E-Collar (Recommended)	\$15			
Microchip (Permanent Identification)	\$35			
Convenia (14-day injectable antibiotic)	\$35			\$35 applies to pets under 13 lbs. Add'l \$35 for every 12 lbs (or partial lbs) over the initial 13lbs.
Carprofen Anti-inflammatory Injection for DOGS	\$25			Not Applicable For Dentals
Carprofen Anti-inflammatory Injection for CATS	\$25			Not Applicable For Dentals
Biopsy (Mass Removals) One Site/Two Sites	\$200 / \$260			
Radiographs(Cystotomy/Mass Removal)	\$145			

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 Yes 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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Maxilla

Mandible



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Printed name

Signature

Date