

AFFORDABLE PET WELLNESS EXPRESS

3350 MACARTHUR ROAD WHITEHALL PA 18052

A SUBSIDIARY OF AFFORDABLE PET VACCINE INC.

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

EXT 123 for Surgery Day Contact

Website: www.affordablepetwellnessexpress.com

Email: info@affordablepetvaccines.com

Pre-Surgical Instructions

Please ensure that your pet has nothing to eat after 12 am (midnight) before admission, and nothing to drink after 7.30am on the day of the procedure.

Please bring your pet into the clinic between 8-9 am the morning of surgery.

During the admission of your pet, we will ask you to sign the following consent form. Please review prior to drop off. One form per pet. You are reminded that all anesthetic techniques and surgical procedures involve some risk to the patient. To minimize the risks, we will perform an examination on your pet. However, we highly recommend a pre-anesthetic blood test, for pets over the age of 7, to help screen for many conditions, which may pre-exist but not be physically evident, but which might lead to further complications.

We will contact you with news of your pet's recovery and give you a pick-up time. We will be texting or calling 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. Standard discharge times range between 4-7 pm, sometimes later. If your pet is scheduled for a dental, please know that dentals are performed after all other surgeries. Please expect the later spectrum of discharge times. **We will contact you when your pet is ready.**

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

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Subsidiary of Affordable Pet Vaccines Inc.

SURGERY RELEASE FORM

PROOF OF RABIES VACCINATION IS REQUIRED

Weight: _____

**In-Clinic
Use Only**

Time of last meal? _____

Date: _____

OWNER INFORMATION:

Name: _____
 Street: _____
 City: _____
 State: _____ Zip _____
 Email: _____
 Contact Number: _____
 Surgery Requested: _____

PATIENT INFORMATION:

Patient: _____
 Breed: _____
 Color: _____
 Sex: M F MN FS Age _____
 Medical Conditions: _____
 Daily Medication: _____

***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)	\$75			
E-Collar (Recommended)	\$15			
Microchip (Permanent Identification)	\$30			
Convenia (14-day injectable antibiotic)	\$30			\$30 applies to pets < 13 lbs
Carprofen Anti-inflammatory Injection for DOGS	\$25			
Carprofen Anti-inflammatory Injection for CATS	\$10			
Biopsy One Site (Mass Removals)	\$120			
Radiographs(Cystotomy/Mass Removal)	\$90			

VACCINATIONS/4DX TEST/FELV/FIV TEST/OR OTHER SERVICES REQUESTED:

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
<input type="checkbox"/> _____	_____	_____	_____	<input type="checkbox"/> _____	_____	_____	_____
<input type="checkbox"/> _____	_____	_____	_____	<input type="checkbox"/> _____	_____	_____	_____

Anesthesia Maintenance

Time	♥ Rate	Respiration	O2	Temp.	Isoflurane

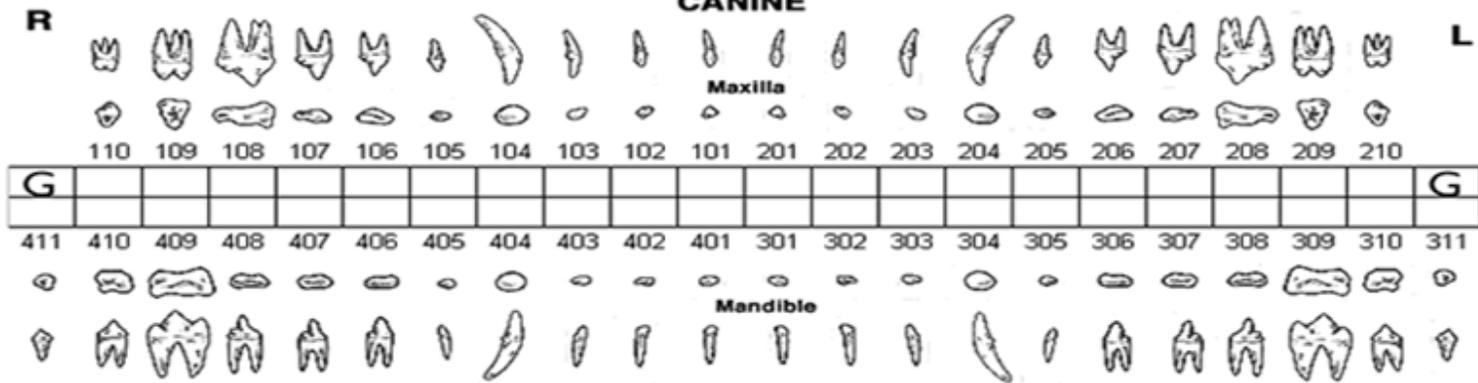
Anesthetic Gas: Isoflurane
 Intubated Yes No Tube Size: _____

Notes:

Post-Op Analgesics and Medications/Reversal Agents

Drug	Dose/kg	Amt.	Route	Notes	Drug	Dose/kg	Amt.	Route	Notes
<input type="checkbox"/> _____	_____	_____	_____	_____	<input type="checkbox"/> _____	_____	_____	_____	_____

CANINE



FELINE

