

**Pet Partners – Pocket Pets**

Cage # \_\_\_\_\_

**Please fill out grey shaded areas only**

Owner \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell/Pager# \_\_\_\_\_  
 Pet \_\_\_\_\_ D.O.B. \_\_\_\_\_ Breed/Color \_\_\_\_\_ Sex M / F  
**Behavior:** Tame \_\_\_\_\_ Feral (wild) \_\_\_\_\_ Housing: Inside only \_\_\_\_\_ Outside only \_\_\_\_\_ Both \_\_\_\_\_  
 IF STRAY? Yes/No \_\_\_\_\_ How long have you seen/ fed animal? \_\_\_\_\_ ever in heat? \_\_\_\_\_ had babies? \_\_\_\_\_  
**Seeing worms?** Yes/No \_\_\_\_\_ **Ever received worming meds?** Yes/ No Name/date of med \_\_\_\_\_  
**FLEAS**-If any evidence of fleas is found on your pet, a flea medication will be applied at your expense.  
**\*ALLERGIES ?** to vaccines: Yes/No \_\_\_\_\_ medications: Yes/No \_\_\_\_\_  
**\*Current health problems:** Yes/ No \_\_\_\_\_  
**\*Past health problems:** Yes/ No \_\_\_\_\_

**\* Has pet eaten in last 12 hours or drank water in last 8 hours ? Yes/ No (yes for rabbits)**  
XX

I am the owner/ agent of the above named animal. I have the authority to execute this consent.  
I hereby authorize the Pet Partners authorized veterinarian to perform the following procedures on the above named animal and to use the appropriate anesthetics and medications :

**Spay/ Neuter** (reproductive sterilization) \_\_\_\_\_ **Dental cleaning/trim** with possible tooth extractions \_\_\_\_\_  
**Other** surgery/procedure/biopsy \_\_\_\_\_  
\_\_\_\_\_

I also authorize the Pet Partners authorized veterinarian to perform extensions of the above surgery or procedures or give any appropriate medications in the event of unforeseen conditions that may be revealed or occur.  
I also authorize the tests, vaccinations, medications and pregnancy choices selected on the attached sheet.  
I understand that there is inherent risk involved with any anesthetic or surgical procedure or the administration of a vaccination or medication. I realize that the results cannot be guaranteed.  
I hereby, for myself, my heirs, executors and administrators, release and discharge Pet Partners, its employees, Board of Directors, volunteers, and all persons associated herewith for all claims, damages, rights of action, present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of, or incident to the above described procedure.

**SIGNATURE OF OWNER/ AGENT** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Interview: phone \_\_\_\_\_ in person \_\_\_\_\_ Name if other than owner \_\_\_\_\_ Witness \_\_\_\_\_

Owner \_\_\_\_\_ Pet \_\_\_\_\_ Cage # \_\_\_\_\_  
Breed \_\_\_\_\_ Color \_\_\_\_\_ D.O.B. \_\_\_\_\_ Sex: M / F  
Comments: \_\_\_\_\_

**Services Requested:** \_\_\_\_\_ **Date** \_\_\_\_\_

Spay/ Neuter \_\_\_\_\_ Dental trim \_\_\_\_\_ Tooth extractions \_\_\_\_\_ Estimate Age \_\_\_\_\_  
Other surgery \_\_\_\_\_ With Biopsy ? Yes/ No

**Pre-anesthetic blood work:** partial \_\_\_\_\_ full \_\_\_\_\_ mini \_\_\_\_\_ waived \_\_\_\_\_  
Pregnancy termination: Y/N  
PTS \_\_\_\_\_ Burial \_\_\_\_\_

Flea/ worm control: Advantage \_\_\_\_\_ Droncit \_\_\_\_\_ Strongid \_\_\_\_\_ Eradimite \_\_\_\_\_  
Ivomec injection \_\_\_\_\_

E-collar \_\_\_\_\_ Skin staples \_\_\_\_\_ Pain medication \_\_\_\_\_

**Services Rendered:** \_\_\_\_\_ **Wt:** \_\_\_\_\_

Physical exam: \_\_\_\_\_ Comments: \_\_\_\_\_

Blood test: partial/ full/mini Results \_\_\_\_\_

Spay: In heat \_\_\_\_\_ Pregnant \_\_\_\_\_ Lactating \_\_\_\_\_ Castration: \_\_\_\_\_ Crypt \_\_\_\_\_  
Dental: hand scale \_\_\_\_\_ ultrasonic scale/ polish \_\_\_\_\_ Tooth extractions \_\_\_\_\_ Est. Age \_\_\_\_\_  
Other surgery \_\_\_\_\_ Biopsy \_\_\_\_\_  
Skin: Fleas \_\_\_\_\_ Advantage \_\_\_\_\_ Droncit inj. \_\_\_\_\_ Nail trim \_\_\_\_\_  
Ears: Cleaned \_\_\_\_\_ waxy \_\_\_\_\_ mites \_\_\_\_\_ Ivermectin inj. \_\_\_\_\_ Other \_\_\_\_\_  
Other: Penicillin \_\_\_\_\_ IV/ SQ fluids \_\_\_\_\_ Pain injection \_\_\_\_\_ Fecal \_\_\_\_\_ U/A \_\_\_\_\_ Temp \_\_\_\_\_

**Specific discharge instructions:**

**Physical examinations-** recommended yearly unless under one year old and received one or less exams.  
If today was your pet's only veterinary visit, please return in 1 month.

**Surgery incision-** \_\_\_\_\_ Skin layer **glued/not glued**. Just keep clean and dry for 14 days, no need to return.  
\_\_\_\_\_ Skin **sutures/staples**. Return in \_\_\_\_\_ days for removal if still present.  
\_\_\_\_\_ Gingival sutures- absorbable. Rinse mouth with lukewarm water after meals for 1wk.

**Medications- Give the following as directed:** \_\_\_\_\_

*E-Collar: Leave on for \_\_\_\_\_ days when unsupervised.*

**Other** \_\_\_\_\_

Pet Partners is a non-profit clinic. We may not be able to accommodate sick or injured animals. We strongly encourage you to establish a relationship with a full service veterinarian in case of illnesses or emergencies.

Owner \_\_\_\_\_ Pet \_\_\_\_\_ D.O.B. \_\_\_\_\_ Wt \_\_\_\_\_ (lb) \_\_\_\_\_ (kg) Cage # \_\_\_\_\_

Date \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Anesthesia: (see surgery log also) Time \_\_\_\_\_

Preop- TBD combo(Telazol 50mg/ml , Butorphanol 2.5mg/ml, Dexdomitor 0.25mg/ml)

TBD combo \_\_\_\_\_ ml IM/IV at \_\_\_\_\_ Reversal: Anti-sedan \_\_\_\_\_ ml at \_\_\_\_\_

Acepromazine (10mg/ml) \_\_\_\_\_ ml SQ at \_\_\_\_\_

Atropine (0.5mg/ml) \_\_\_\_\_ SQ at \_\_\_\_\_

Glycopyrolate (0.2mg/ml) \_\_\_\_\_ ml IM at \_\_\_\_\_

Carprofen ((50mg/ml) \_\_\_\_\_ ml SQ at \_\_\_\_\_

Buprenex (0.3mg/ml) \_\_\_\_\_ ml IM at \_\_\_\_\_

Induction- Ketamine (100mg/ ml) \_\_\_\_\_ ml IV at \_\_\_\_\_

Diazepam (5mg/ ml) \_\_\_\_\_ ml IV at \_\_\_\_\_

Additional Meds: \_\_\_\_\_ Time: \_\_\_\_\_

E.T. size \_\_\_\_\_ Mask \_\_\_\_\_ IV \_\_\_\_\_ g L R cephalic / other \_\_\_\_\_

Fluids: IV \_\_\_\_\_ ml @ \_\_\_\_\_ SQ \_\_\_\_\_ ml @ \_\_\_\_\_

Estimated Blood loss- \_\_\_\_\_ ml Replaced with \_\_\_\_\_ ml of \_\_\_\_\_ IV solution

Started Surgery \_\_\_\_\_ Stop Surgery \_\_\_\_\_ Sternal \_\_\_\_\_

Maintenance: Isoflurane 2 % with O2

Time \_\_\_\_\_

Temp (°F) \_\_\_\_\_

HR \_\_\_\_\_

RR \_\_\_\_\_

O2 sat% \_\_\_\_\_

B/P \_\_\_\_\_

CO2 % \_\_\_\_\_

Surgery: Routine OHE, OHE/abort \_\_\_\_\_ Open/Closed Castration, Crypt \_\_\_\_\_

Dental Cleaning \_\_\_\_\_ Teeth extractions – See sheet \_\_\_\_\_

Biopsy sent: \_\_\_\_\_

Other \_\_\_\_\_

Using \_\_\_\_\_ to ligate vessels

\_\_\_\_\_ to close fascia

\_\_\_\_\_ to close subcu

\_\_\_\_\_ to close skin

\_\_\_\_\_ to close gingival flap

Bupivacaine line block:(cats 2mg/kg ,dogs 4mg/kg) 0.25 % w/ or w/o epi, 0.5 % , splash

Recovery: uneventful unless noted

## INFORMATION FORM FOR POCKET PET OWNERS

**In order to save time at check-in please read the following information before dropping off your cat for surgery. If someone other than the owner is bringing the cat to the clinic, please initial your choices and sign the next page. If you have any questions please feel free to call (508) 672-4813 Monday- Thursday 9am-4pm. Please allow 15-20 minutes for check-in and pick-up.**

**\*\*\*Check-in is 7:00-8:00 am. Pick-up is 4:00-5:00 pm. Please call ahead if you need another time.\*\*\***

### PRE-ANESTHETIC BLOOD WORK

Blood testing prior to any anesthetic procedure is recommended to uncover any possible hidden problems. The tests we order are the same that a person would have done prior to an anesthetic procedure. The tests can be done the day the surgery is scheduled. We will wait for the test results before starting surgery.

**Partial/ juvenile panel-** for healthy animals under 7 years old. Cost is \$42.

**Full panel-** recommended for animals 7 years or suspected illnesses/dental disease. Cost is \$58.

**Minimum** pre-op screening- provides some info but not as complete as above panels. Cost is \$29.

**Waived-** unforeseen problems may occur with anesthesia and you are willing to assume the risks.

Please INITIAL Choices: partial/juvenile \_\_\_\_\_ full/adult \_\_\_\_\_ mini \_\_\_\_\_ waived \_\_\_\_\_

**VACCINATIONS-** NOT recommended on the same day of surgery to avoid possible allergic reactions. If returning for vaccinations on a clinic day (Wednesdays or Fridays) is difficult for you, then we will vaccinate your cat at the end of the surgery day. A rabies vaccine will be given on the surgery day if your pet is not up to date or you do not provide proof of vaccination.

**\*\*PLEASE bring copies of vaccination and medical records to avoid a possible \$15-\$45 record research fee\*\***

### Ferret Rabies vaccine

Ferret Distemper vaccine- recommended for protection from respiratory viruses.

Choices: Rabies \_\_\_\_\_ Ferret distemper \_\_\_\_\_

### PREGNANCY

If your female pet is found to be pregnant upon examination or surgery, she still may be spayed (fixed).

This surgery will result in the termination of the pregnancy.

There may be additional charges for I.V. fluids, pain medication, and additional surgery time depending on the weight of your pet and the stage of pregnancy.

(Cats - usually \$25-\$50 extra)

(Dogs- usually \$25-\$100 extra)

Choices: hold spaying if pregnancy is suspected or found during surgery \_\_\_\_\_ spay \_\_\_\_\_

**FLEA CLINIC POLICY-Any animal found with fleas or flea dirt will have a flea control medication applied and you will be charged accordingly.**

**Your choices are:**

**Advantage** (for fleas only)- ferrets/rabbits \$12 **Frontline** (for fleas and ticks)- ferrets only \$14

Choices: Advantage \_\_\_\_\_ Frontline \_\_\_\_\_ Droncit \_\_\_\_\_ (injectable \_\_\_\_\_ pill \_\_\_\_\_)

**PAIN MEDICATION-** All animals will be given a pain injection before surgery. The medication will wear off approximately 24 hours later. Some animals need pain medication for several days after surgery/ dentals depending on the procedure performed and their individual pain tolerance. Additional pain medication may be purchased if you know that your pet is more “sensitive.” (Pain medication will automatically be dispensed for some procedures such as tooth extractions).

**Cost- For 2 days worth      Cats: \$8-12 \_\_\_\_\_      Dogs: \$8- depending on their weight \_\_\_\_\_**

**E-COLLAR (lampshade collar) - We highly recommend purchasing a collar to prevent licking of the surgical area. Visit fees to check and/or repair open skin incisions are \$10-\$250 (not incl. anesthesia).**

**Cost- \$7-12 \_\_\_\_\_      Declined \_\_\_\_\_**

**Signature of owner \_\_\_\_\_      Date \_\_\_\_\_**

**Print Name \_\_\_\_\_      Name of Pet \_\_\_\_\_**

**Prices are Subject to Change without notice.  
\*\*All pets must be picked up by 5:30 unless prior arrangements have been made\*\*  
Unscheduled late pick-ups will incur a fee for staff overtime coverage of \$50.  
Pets not picked up by 6:00 pm for whatever reason will be kept overnight and charged \$75-\$150.**