



Orchard Road Veterinary Surgery, Inc.
A Mobile Small Animal Veterinary Surgical Service
Estimate Formulation Check List for Surgery

You add in your charges where ** are placed

Surgical Procedure Cost (ORVS) - see current Fee Schedule \$ _____

Travel fee for your clinic if outside of Dane County
 Rate is \$0.65/mile roundtrip from ORVS office \$ _____

Preoperative Bloodwork (prefer complete CBC and Chemistry profile
 for animals older than 5 years of age or with significant medical conditions) ** _____

Duration of anesthesia (surgery time, pre and post-op time) ** _____
 (Contact Dr. O'Brien for estimate of time)

IV catheter and IV fluids during procedure ** _____

Monitoring and Technician time ** _____

Medications ** _____

Premedication	**	_____
IV Antibiotic dose(s) 1-2 dose cefazolin	**	_____
Anesthetic induction drugs	**	_____
Postoperative analgesic medication	**	_____

Radiographs (depends on procedure – call for info) ** _____

Pre-op radiographs	_____ views
Post-op radiographs	_____ views

Prescriptions for Home Care ** _____

Analgesic Meds (2-4 week NSAID)	**	_____
Sedation (Tramadol for 1-2 week)	**	_____
Antibiotics in some cases	**	_____

Expected rechecks exams	2-4 exams
Radiographs	None unless problems
Bandage Changes	None

TOTAL (range) _____ **to** _____

**Once completed try to keep in your computer system for future reference for common procedures such as cruciate ligament repair surgery and patellar luxation

ORVS, Inc 7041 Parker Hill Drive Madison, WI 53719
Phone: 608-234-8655 Fax: 608-497-1109 Email: MGOBrienWI@gmail.com