SURGERY ADMIT

FORM

Surgery:

When did your pet last eat or drink?

Is your pet on any medications or supplements?  [ ] No [ ] Yes, list:

Has your pet been recently sick?  [ ] No [ ] Yes, describe:

Does your pet have any known medical condition or history of seizures?

Do you want us to update your pet’s vaccines and tests today?  [ ] No [ ] Yes

Please circle any additional items you would like us to examine while our pet is with us:

Ears - Eyes - Nails - Skin Problems - Fleas/Ticks - Lumps

Microchipping: Microchipping is a very simple and safe way to permanently identify your pet. Would you like a microchip for your pet today?  [ ] No [ ] Yes

For your pet’s safety, An IV catheter will be placed prior to surgery today. If you have any concerns please notify our staff.

Pre-Anesthetic Blood Testing: Our greatest concern is the wellbeing of your pet. We will monitor your pet’s heart rate, respiratory rate, blood oxygen and EKG during surgery. This technology along with pre-anesthetic blood screening reduces many of the risks of surgery. We strongly recommend pre-anesthesia blood work prior to anesthetizing your pet. Many conditions including disorders of the liver, kidneys, and blood may not be detected unless blood testing is performed.

[ ] Yes, I want my pet to have a blood test performed before anesthesia.
   [ ] Chemistry and CBC ($82)
   [ ] Chemistry ($57)

[ ] No, I decline this blood test and have been informed of the risks.

Tattoo: After spaying or neutering your pet, a permanent “tattoo” will be placed which will appear as a thin green line near the surgery site. This is meant to prevent unnecessary exploratory surgery to sterilize your pet if they are ever lost and end up with a new owner or in a shelter. This is done free of cost and is minimally invasive.

[ ] I wish to decline the spay/neuter tattoo

Elizabethan Collar: To ensure that your pet will not chew or lick open a new surgical site, an Elizabethan collar may be sent home. Please let us know if you already have one.

Pain Relief: All surgical patients go home with pain medication. These are usually an oral medication. If other pain medication is needed, a doctor or technician will discuss it with you.

Lumps: If we are removing any lumps today, would you like us to send it for testing?  [ ] No [ ] Yes

Front Declaw: If your cat is getting declawed, would you like declaw litter?  [ ] No [ ] Yes

If any external parasites are observed on your pet today, he/she will receive treatment at owner’s expense.
Medical and/or Surgical Release:
I certify that I own the above described animal and I do hereby consent and authorize the St. Anna Veterinary Clinic to hospitalize my pet, administer vaccinations, medications, tests, surgical procedures, anesthetics, or treatments that the Doctors deem necessary for the health, safety or well-being of the above animal while it is under their care and supervision.

If my pet should injure itself, refuse food, soil itself, become ill or die while in the hospital, I will hold the St. Anna Veterinary Clinic, S.C., and staff free of any responsibility and/or liability in the absence of gross negligence.

Risks of routine surgery: blood loss, infection, reopening of the incision (dehiscence) and complications of anesthesia including death.

Other:________________________________________________________

The nature of such service has been described to me to my satisfaction and I understand that some risks always exist with anesthesia and/or surgery, if this is what my pet needs. I am encouraged to discuss any concerns I have about those risks with my veterinarian before the procedure(s) are initiated. I realize neither the guarantee nor warranty can ethically or professionally be made regarding the results or cure.

_____ I have received a written estimate and had the likely fees explained to me. I understand that there may be unforeseen complications and that further treatment may be necessary during hospitalization.

I accept and assume full and total financial responsibility for any and all services rendered by the clinic, its staff or employees in the treatment of the above described animal and agree to pay the fees at the time of my pet’s discharge or other demise.

Hospital Policies
1. Accounts are payable in full at the time your pet is released from the Clinic. Cash, Checks, Credit Cards (Visa, MasterCard American Express), and Care Credit are accepted.
2. I understand that if a friend or family member picks up my pet at discharge that I am required to send payment in full with that person.
3. If your pet requires hospitalization the adult owner shall give written permission to the doctor to perform the necessary services.
4. Fees are for Current services only and do not include follow Up Care.

I have read the above Policy. By signing this form I agree to all of the above terms and conditions.

Owner signature__________________________________________ Date: __________

Phone Number for today____________________________________

What time are you available to pick up your pet?__________________________

**Please keep in mind that we close at 4pm and payment is due at the time of service.