

**SURGERY ADMITTING FORM**

**Pets Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Procedure To Be Performed:** \_\_\_\_\_

**Has your pet eaten since 9:00 p.m. last night?** \_\_\_\_\_

**Please list Current medications(s)-EXCLUDING heartworm prevention:**

\_\_\_\_\_

**When was the last medication(s) given?**

\_\_\_\_\_

**Elective Procedures To Be Done At The Same Time:**

Remove Rear Dewclaws                       Remove Deciduous ("Baby") Teeth                       Anal Glands  
 Repair Umbilical Hernia                       Home Again Microchip                       Vaccinations  
 Other: \_\_\_\_\_

**Owner Authorization & Release:** I understand all anesthesia & surgery involve some potential risks and complications for my pet.

I ( ) **Do** ( ) **Do Not** authorize the recommended **Blood Screening** at a cost of **\$50.00**  
**\*Required on pets 5 years or older.**

I ( ) **Do** ( ) **Do Not** authorize the **Laser Usage** at an additional cost of **\$90.00**  
**\*Required on Declaws but does not apply to Dentals**

I ( ) **Do** ( ) **Do Not** request the **OPTIONAL PAIN INJECTION** at the time of my pet's surgery at a cost of **\$26.00**. This pain medication is administered to make my pet more comfortable at home for the next 24 -72 hours after surgery.

**You are to use all reasonable precaution against injury, escape, or death of my pet. I understand that anesthesia and surgery always involves some risk to my pet (such as unknown internal physical abnormalities, medication allergies, surgical complications, internal bleeding, shock, incision dehiscence, and post-surgical infections): and agree to hold you harmless, in the absence of negligence, in connection with these procedures. I acknowledge that no guarantee or assurance has been made to me as to the results that may be obtained. In the event complications arise and I cannot be immediately contacted at the below listed phone number, you are directed to make the decision you deem best for my pet. I agree to pay at the time services rendered. I have read the foregoing, understand what it says, and agree.**

\_\_\_\_\_  
**Owner's Signature**

**Date:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

\_\_\_\_\_  
**\*\*\*Hospital Use\*\*\* Admitting Personnel Initials**