

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:

<input type="checkbox"/> Remove Rear Dewclaws	<input type="checkbox"/> Remove Deciduous ("Baby") Teeth	<input type="checkbox"/> Anal Glands
<input type="checkbox"/> Repair Umbilical Hernia	<input type="checkbox"/> Home Again Microchip	<input type="checkbox"/> Vaccinations
<input type="checkbox"/> 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**