

<date>

SURGERY ADMITTING FORM

PET HISTORY

Yes No

Update Today

CATS: Rabies

FERC

FELV

FIP

Are Vaccinations Current?

Yes No

Update Today

DOGS: Rabies

DHLPP+Parvo

Corona

Bordetella

Is the pet on heartworm preventive? Yes _____ No _____

Has the pet been checked for intestinal parasites in the last 6 months? Yes _____ No _____

Did your pet eat this morning? Yes _____ No _____

Is your pet allergic to any drugs? Yes _____ No _____

Has your pet had any illness or injury in the past 30 days? Yes _____ No _____

Any history of seizures and/or previous anesthetic problems? Yes _____ No _____

Current medications? _____

Procedure To Be Performed: (OVH) (Neuter) (Declaw) Other: _____

Pre-op Exam: Temp: _____ Weight: _____

No Yes

Ears

Teeth

Skin

Nails

Yes No

Fleas Present?

Rear Dewclaws Present?

Umbilical Hernia Present?

Deciduous ("Baby") Teeth Present?

Yes No

2 Testicles (Neuter)

In Heat/Pregnant (Spay)

Admitting Tech Initials _____

Elective Procedures To Be Done At The Same Time:

- Extract Deciduous Teeth
- Polish & Fluoride Teeth
- Dental Prophy
- Microchip Identification Implant
- Ear Flushing
- Ear Cleaning
- Remove Rear Dewclaws
- Remove Front Dewclaws
- Dock Tail
- Repair Umbilical Hernia
- Repair Inguinal Hernia
- Hip Dysphasia Screening Radiograph
- Remove Warts/Skin Growth (Location: _____)
- Routine Toe Nail Trim
- Toe Nail Cautery
- Toe Nail Grinding & Buffing
- Restraint Collar
- Surgical Support Dressing
- Topical Flea Control
- Bath/Dip
- Admitting Dip
- Brush Out / Clip Hair Mats

Owner Authorization & Release: I understand all anesthetics & surgery involves some potential risks and complications for my pet.

I () **Do Not** authorize the recommended **Blood Screening** at a cost of \$ _____ and

I [] **Do** [] **Do Not** authorize the recommended **ECG Screening** at a cost of \$ _____ to enhance the safety for my pet *which* are optional recommendations rather than mandatory requirements for cat spays, dog & cat neuters, and cat declawing procedures. I understand that I assume all responsibility for additional risks/complications resulting from refusal of these screening procedures, including financial responsibility should complications arise during the procedure(s) requested. -----

I [] **Do** [] **Do Not** request the **OPTIONAL ADDITIONAL PAIN INJECTION** at the time my pet is discharged from the hospital at a cost of \$ _____. This is additional pain medication to make my pet more comfortable at home for the next 24-72 hours after surgery. I understand the cost of the pain medication during surgery is included in the base fee. -----

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 for services rendered. **I have read the foregoing, understand what it says, and agree.**

Signature: _____ **Date:** _____

Phone _____

Owner/Agent
