

<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**

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