

Surgery/Anesthesia Admission Form

Owner _____ Pet's Name _____ Pet's Age _____
Telephone Number where I can be reached between 8:00 am – 8:00 pm _____

Please answer all of the following questions, including Microchipping and Pre-Anesthetic Testing Consent/ Waiver, so that we can better assist you and your pets needs.

YES NO

- | | | | |
|--------------------------|--------------------------|---|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Are vaccinations current? | If no, <input type="checkbox"/> Update today |
| <input type="checkbox"/> | <input type="checkbox"/> | If your pet is a dog, is he/she on heartworm preventative? | |
| <input type="checkbox"/> | <input type="checkbox"/> | To your knowledge, is your pet allergic to any drugs? | What? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your pet eat this morning? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Is your pet currently on any medications? | What? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your pet had an accident or illness in the last 30 days? | What? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Any elective procedures that you would like preformed at this time. | |
| | | What? _____ | |

Microchipping pet Identification

- | | | |
|--------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> YES | I want to protect my pet by having him/her permanently identified with a Microchip ID. (please see Microchipping handout for details and prices) |
| | <input type="checkbox"/> NO | I do not wish to have a microchip ID for my pet |

Pre- Anesthetic Testing Consent /Waiver

Like you, our greatest concern is the well-being of your pet. Although pre-anesthetic testing does not guarantee that complications will not occur, **we require pre-anesthetic blood testing for all pets 7 years of age and older** and we strongly recommend screening for all pets under 7 years old. If you have any questions about any of these testing panels, please request a detailed description.

Please select ONE of the options below:

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | CBC/MINI SCREEN (Required for all pets over 7 years of age) |
| <input type="checkbox"/> | <input type="checkbox"/> | CBC/PROFILE (Most complete in-house blood screening.) |
| <input type="checkbox"/> | <input type="checkbox"/> | NO Pre-anesthetic Testing |
| <input type="checkbox"/> | <input type="checkbox"/> | Testing already performed prior to admission. |

YES **NO** I request that an **EKG** be done on my pet for an additional cost.

OWNER RELEASE

I have read and understand the foregoing. I understand that all anesthesia and surgery involves some minimal risk to my pet and it is thoroughly understood that I assume all risks. I am also aware that continuous presence of veterinary staff is not provided after regular hours (night time and weekends).

Signature _____ **Date** _____

Admitting Tech Signature _____