

Surgical Admission

## Animal Hospital of Signal Mountain

1801 Taft Hwy, Signal Mountain, TN (423) 886-7387

Pet:	<an< th=""><th>ima</th><th> &gt;</th></an<>	ima	>

Owner: <first-name> <last-name>

Appointment Date: <appt-

## date>

Date Services Due: <treatments>

1.	Contract of the second se	To Help Us Provide The Best Possible Service For Y rgery or Dental Services Requested:	I do hereby give Animal Hospi	tal of Signal Mountain and/or Representatives
2.	2.			orm the procedure(s) described below.
<ul> <li>A. <animal>'s Microchip is # <id>or</id></animal></li> <li>UYES Please Microchip <animal> (sts.on)</animal></li> <li>mesthesia Options:</li> <li>UYES DNO Pre-anesthetic Blood work (May be at doctor's discretion ~ ask about pricing)</li> <li>UYES DNO Supportive Fluids will be given during procedure = Standard care (May be at doctor's discretion, If YES, please select ONE: Fluids &amp; catheter left to the discretion of the doctor</li> <li>I request an IV catheter &amp; IV fluid support</li> <li>Do NOT place IV catheter, only give subcutaneous fluids (sub-Q)</li> <li>edical History:</li> <li>Animal(s) must be current on vaccinations for All Services. It is my responsibility to provide proof PRIOR to services. Canine requirements: DAP, Bord frequent and Rabies Vaccinations. All animals requiring vascines need a physical exam to enhance they are healthy.</li> <li>Animal(s) must be current on vaccinations for All Services. It is my responsibility to provide proof PRIOR to services. Canine requirements: DAP, Bord frequence that they are healthy.</li> <li>Animal (sho must be current on vaccinations for All Services. It is more sponsible to the spread of contagious diseases to a mong the hospital cannot guarantee against the spread of contagious diseases to a mong the hospital caminals, in the doctor and staff harmless from and against any and all liability arising out of the performance of treatments and hospital of Signal Mountain, the doctors and staff harmless from and against any and all liability arising out of the performance of treatments and the software scenes. The Hospital cannot guarantee against the spread of contagious disease, and shall not be responsible or in more the spread of contagious disease, and shall not be responsible or in my set spread.</li> <li>Though the hospital and understrand this unbroir access of account requirements for All services. Respect the scenes and hospital cannot guarantee against the spread of contagious disease, and shall not be responsible</li></ul>	3.			dental - I authorize necessary extractions
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