



Surgery Admittance Form

Your pet, _____, is being admitted for a surgical/anesthetic procedure. Please read and understand the following prior to authorizing treatment for your pet today.

Although we are confident in the safety of sedating and anesthetizing your pet, please be aware that sedation or anesthesia of any kind carries certain risks. Possible adverse events may affect the heart, lungs, gastrointestinal, or other organ system(s). In rare instances, these effects may be severe or life-threatening. Again, we are confident in the safety of our protocol, but cannot guarantee that your pet will not react adversely to these or any medications. Furthermore, there are certain health conditions that increase this risk that may not be detectable on routine examination or laboratory panels. The incidence of serious adverse reactions in our hospital is extremely rare. As always, we are committed to the health and safety of your pet while in our care, and encourage your participation. If you have any questions or concerns, please do not hesitate to voice them.

Please initial your understanding and agreement to the following:

1. _____ I understand that my pet will be given injectable sedation and gas anesthesia today.
2. _____ I understand my pet will undergo a _____ procedure today.
3. _____ I have read and understand the above information regarding risk of sedation/anesthesia.
4. _____ I am comfortable with my understanding of the procedure my pet will undergo today, including the risks/side effects possible during and after surgery.
5. _____ I am able and willing to administer medication, if prescribed, to my pet after surgery.
6. _____ I have been given and understand instructions for the care of my pet at home after surgery.

Has your pet been fasted (offered no food) since 10:00 pm last night? _____

Has your pet shown any symptoms of illness including coughing, sneezing, vomiting, or diarrhea in the past 7 days? _____

Would you like laser therapy (Photobiomodulation) treatment for pain? _____

- Your pet will be provided with pain medication as deemed necessary by the treating veterinarian as part of the procedure. In addition, we can perform a cold laser therapy treatment. This is a non-invasive therapy that reduces inflammation (pain and swelling), and encourages healing. The cost is \$19.00.

Would you like a Pre-anesthetic blood panel for your pet? _____ ****Included in Paw Plan!**

- We require a pre-anesthetic blood panel in all patients age 7 years and older. We highly recommend a pre-anesthetic blood panel for ALL patients. These tests help us make sure your pet is a good candidate for surgery and anesthesia. The cost is \$61.25.

Would you like an IV catheter and IV fluids for your pet? _____ ****Included in Paw Plan!**

- We recommend an Intravenous (IV) catheter and fluid therapy during surgery. An IV allows access for emergency drugs if needed. Fluid therapy helps maintain blood pressure and hydration. The cost is \$47.00.

Would you like an E-collar for your pet? _____

- We recommend an Elizabethan collar for surgical patients to prevent licking or chewing at the surgery site. The cost is \$13.26.

Would you like us to Microchip your pet? _____ ****35% discount with Paw Plan!**

- We recommend microchipping for identification of all pets. Although we can microchip at any time, during anesthesia is a great, pain free way to microchip your pet. The cost is \$58.25, which includes your pet's first year of registration.

Would you like to meet with a doctor/doctor's assistant when you pick up your pet? _____

Additional Requests: Nail trim Vaccinations Other: _____

Today's phone number: _____ It is important that we be able to easily contact you throughout the day!

Estimate for today's procedure: _____

For Dental Patients Only:

- As part of your pet's dental procedure, the doctor will perform a periodontal exam and obtain dental x-rays of all teeth. The doctor may find it necessary to extract or treat one or more teeth. Do you authorize the doctor to treat your pet as needed (if treatment exceeds \$185, we will call you before proceeding), or would you like us to call you prior to any additional treatment?

_____ **I authorize the doctor to treat my pet as needed, not to exceed \$185 in additional treatment.**

_____ **I prefer to be called before ANY additional treatments are performed/administered.**

Signature: _____

Date: _____

Check in completed by: _____

Technician: Deciduous teeth: _____

Concerning growths: _____

Other: _____