

Patient Name: _____

Acct #: _____

Procedure: _____

Surgical Admission Requirements

We require that all core vaccinations be current, and pets be free of external and internal parasites upon admission to our hospital. If vaccinations are not current, they will be given upon admission. If the animal does not have record of a negative fecal test within the last year, we will send a sample to the lab for analysis. If external or internal parasites are observed they will be treated accordingly. All vaccinations, testing and treatment will be done at the owner's expense.

Dogs: Rabies, DHLPP, Bordetella, Influenza, Negative Fecal

Cats: Rabies, FVRCP, Negative Fecal

Owner's Initials

Staff's Initials

Pre- Surgical Blood Analysis

The tests we perform evaluate major organ functions and screen for common abnormalities. While performing these tests can decrease surgical and anesthetic risk, they do not detect all potential problems or eliminate all surgical and anesthetic risk.

Cerenia Injection:	I DO	DO NOT	N/A	authorize an injection lasting for 24 hours to decrease nausea and vomiting.
Laser Incision:	I DO	DO NOT	N/A	authorize laser surgery; less bleeding, less swelling, and less pain for my pet.
Biopsy:	I DO	DO NOT	N/A	authorize to determine diagnosis of mass _____ additional masses biopsies.
Microchip:	I DO	DO NOT	N/A	authorize implantation of a microchip for my pet.
Nail Trim:	I DO	DO NOT	N/A	authorize nails to be trimmed while sedated.

I, _____, as the pet owner or authorized agent of the owner give Animal Medical Center permission to perform the above procedures, operations and associated anesthesia. I understand that unforeseen conditions may require an extension of a planned procedure or operation. I hereby consent and authorize the performance of such procedures and operations as are necessary and advisable in the professional judgment of the Veterinarian. I am aware of and have been advised as to the nature of the procedure or operations and risks involved including death. I grant to Animal Medical Center, its representatives and employees the right to take photographs of me and/ or my pet, and to copyright, use and publish the same in print and/ or electronically. I agree that Animal Medical Center, may use such photographs of me and/ or my pet with us without my name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and web content.

I have read and understand this consent form and give authorization for the above listed procedures.

Signature of Owner/ Agent	Date	Contact Information
Preferred Contact Method:	Call	Text
		Email