



Fernandina Beach Animal Clinic
Surgical Admit Authorization

SECTION 1: To be completed by Reception Staff

Patient Name: _____ Owner: _____

Surgical Procedure Being Performed: _____

SECTION 2: To be completed by Client

Your Name: _____ Contact Name (if different): _____

Your Contact Phone #: _____ Additional Contact Phone #: _____

Was food removed from patient last night? Yes _____ No _____

Are there any new symptoms or illnesses to report? Yes _____ No _____

Current medications, dosage, frequency:

Core Surgery:

Some risk is involved with any surgery or anesthetic procedure.

All surgical procedures include an IV catheter, anesthetic and an analgesic protocol that provides adequate pain relief at the time of surgery, for your pet.

Surgical/Anesthetic Options:

Surgical options are recommended to enhance patient safety and comfort.

We recommend a pre-surgical exam and pre-operative blood work. If completed already _____.

_____ Pre-op CBC/Chemistry 3. Pre-operative lab work is recommended to help us detect any pre-existing disease states a patient may have before anesthesia and surgery are performed.

We recommend IV fluid therapy during surgery.

_____ Intravenous fluid therapy. Intravenous fluids are highly recommended during any anesthetic procedure to hasten recovery (supports blood pressure and organ function) and allows for a faster medical response in the event of an emergency. Note: all dogs and cats greater than 8 years are required to have intravenous fluids.

We recommend additional pain relief medication for several days following the surgery, to further ensure your pet's comfort.

_____ At-home pain relief. This provides pain relief to be given at home as an animal can have discomfort for a period of time after surgery.

Note: All animals admitted into the clinic will receive a de-flea pill (Capstar).

By signing below, I authorize Fernandina Beach Animal Clinic to perform the surgical procedure and/or preventative health treatments as described above. I have been adequately informed about the procedure to be performed, and the associated risks involved, and have received and estimate of the cost.

Owner/Owner's Representative

Date: _____

SECTION 3: To be completed by admitting Technician:

SX Estimate provided: _____

Vaccine Status: _____

Brief Exam:

Additional Surgical Information:

Additional Dental Information:

Other Information:

Medical Services Options:

These services are easier to perform, and less painful to your pet under anesthesia:

_____ Microchip _____ Oravet application

These services are easier and safer to perform in your anesthetized pet, and therefore are discounted at the time of surgery:

_____ Nail trim _____ Ear cleaning

_____ Anal Gland Expression