



# SURGICAL ADMISSION FORM

CLIENT

PATIENT

AGE

DATE

Number you can be reached at between 8:00am and 2:00pm today: \_\_\_\_\_

Alternate Contact Number(s): \_\_\_\_\_

My pet is here for the following surgery and/or procedure(s): \_\_\_\_\_

## Pre-Anesthetic Blood Profile Policy

Like you, our greatest concern is the safety and well-being of your pet. A complete blood profile measures and alerts the doctor to the presence of any conditions including but not limited to dehydration, anemia, infection, diabetes, and/ or liver or kidney disease; which cannot be determined without accurate blood profiles. Therefore, a full physical examination and pre-anesthetic blood profile(s) will be completed prior to placing your pet under anesthesia.

## Pain Management Policy

It is the ethical standard of our hospital to administer pain medication before, during, and after surgery. This will ensure your pet's comfort and aid in their speedy recovery. You may be responsible for administering the prescribed medication after your pet is released from our hospital. If so, you will be given prior instructions from your pet's doctor.

## Dental Procedure Information

Proper oral hygiene is an extremely important factor of preventative health care for your beloved pet. Dental tartar can cause dental disease, gingivitis, pyorrhea, tooth/root abscess, and infection. Dental disease puts a tremendous strain on your pet's organs, weakening the liver, kidney, and heart. In order to provide the best quality care for your pet, we may need to communicate with you during your pet's dental procedure. We must make immediate decisions regarding your pet's health, as to either extract a diseased tooth or leave the diseased tooth in place in which case will require your pet to undergo another anesthetic procedure to correct the problem. Therefore, we request that you give us some guidelines **prior** to your pet being anesthetized for his/her dental procedure; in the case, we are unable to reach you at that critical moment.

Do we have your permission to extract diseased teeth that, in our medical opinion, cannot be saved?

Uncomplicated Minor Extraction YES NO

Complicated Major Extraction w/ Gingival Flap YES NO

Surgical Extraction w/ Gingival Flap YES NO

May we administer a HomeAgain Identification Microchip to your pet today? YES NO

*I am the owner or agent of the above named pet and have the authority to execute this consent.*

*I authorize and direct the doctor(s) and staff of the above named veterinary medical facility to perform such diagnostic or treatment procedures as may be advisable and necessary for the health of my pet. The doctor and/or staff explained the nature of these procedures me and no guarantee has been implied or made as to the results of care. I understand that there may be risks involved in the procedure(s), treatment(s), and/or surgery of my pet. I authorize the use of appropriate anesthetics and other medications, and hospital support personnel will be employed as deemed necessary by the veterinarian.*

*By signing below, you acknowledge receipt of the estimate for the aforementioned procedure(s) and agree to make payment in full at the time of service. All payment arrangements must be made prior to rendering services.*

Owner/Agent Signature

Date