

Last Name: _____ Patient: _____

Surgery/Treatment Admission Form

1) Pre-Anesthetic Blood Testing (optional)

The doctor will perform a physical examination on your pet before administering anesthesia. However, disorders of the liver, kidneys &/or blood may not be detected unless blood testing is performed. Abnormalities of any of these may increase anesthetic risk so if possible for you financially we recommend this testing be done. This test can also serve as a baseline for future comparison.

Please initial: _____ YES, I want a blood screen performed

_____ NO, I do not want a blood screen performed

2) Intravenous (IV) Fluid Therapy (optional)

IV fluids given during surgery helps maintain normal blood pressure and helps flush the anesthesia out of your pets system to help them feel better and recover more quickly.

Please initial: _____ YES, I want an IV catheter & fluids for my pet

_____ NO, I do not want an IV catheter and fluids

3) While your pet is in the clinic, would you like any additional services performed?

(Please check – or write in - the services you would like to be performed):

Heartworm Test Fecal Parasite Exam

Microchip OTHER: _____

4) If problems unrelated to the authorized procedure are found that require correction

***** I can be reached at the following phone number(s) AT ALL TIMES TODAY *****

If the hospital cannot reach me by phone, please do the following (MUST CHECK ONE):

Do whatever is necessary to avoid a second anesthetic procedure (*may result in extra fees)

- OR -

Do NOT perform any elective procedure/s that has not been previously discussed even if it means my pet will require another anesthetic procedure at additional cost.

I hereby authorize The Country Vet to perform the diagnostic, therapeutic and surgical procedures as described above. The nature of such services has been described to me to my satisfaction and I realize that no guarantee or warranty can ethically or professionally be made regarding the results or cure. I also authorize the clinic staff in an emergency situation, to follow through with such procedures as are necessary for the well-being of my pet on a continuing basis until further communication with me is established. I understand that I assume financial responsibility for all services rendered and that full payment is due at the time of my pets discharge.

First and Last Name (please print): _____

Signature: _____

Date: _____

