SURGERY ADMITTING FORM

Pets Name:	Date:	
Procedure To Be Performed:		
Has your pet eaten since 9:00 p.m.	. last night?	
Please list Current medications(s)-EX	CLUDING heartworm prevention:	
When was the last medication(s) given	1?	
Elective Procedures To Be Done A	at The Same Time:	
Remove Rear Dewclaws Repair Umbilical Hernia Other:		Anal Glands Vaccinations
Owner Authorization & Release: I und complications for my pet.	derstand all anesthesia & surgery involve some pote	ntial risks and
	nmended Blood Screening at a cost of \$ 47.00 n pets 5 years or older.	
I () Do ()Do Not authorize the Laser *Required or	r Usage at an additional cost of \$80.00 n Declaws but does not apply to Dentals	
•	ONAL PAIN INJECTION at the time of my pet's ication is administered to make my pet more comfor surgery.	
understand that anesthesia ar unknown internal physical ab internal bleeding, shock, incis you harmless, in the absence of acknowledge that no guaranto be obtained. In the event com- below listed phone number, yo	precaution against injury, escape, or death of my nd surgery always involves some risk to my pet (sonormalities, medication allergies, surgical complision dehiscence, and post-surgical infections): and of negligence, in connection with these procedure ee or assurance has been made to me as to the resulting arise and I cannot be immediately control are directed to make the decision you deem be exices rendered. I have read the foregoing, understanding the surgery of the surgery always and the surgery always and the surgery always are directed.	uch as ications, id agree to hold is. I sults that may itacted at the est for my pet.
Owner's Signature		
Date: Pho	ne Number:	
Hospital Use Admitting Person	nnel Initials	