ANESTHETIC AND SURGERY ADMITTANCE INFORMATION

Client Name _____ CN _____

Patient's Name _____ Age _____

Phone Number You Can Be Reached at Today: _____ (Work or Home) _____ (Cellular)

Time You Would Like to Pickup Your Pet: _____ Time Your Pet Last Ate: _____

PROCEDURES TO BE PERFORMED

Spay ☐ Neuter ☐ Declaw ☐ Dental Cleaning ☐ Radiographs ☐ Deep Ear Cleaning ☐

Other Procedures: (Please be specific) 1) _____

2) _____

Dental Extractions: Yes, I authorize all extractions the doctor deems necessary. ☐ No ☐

Dental Xrays: Yes, I authorize all dental xrays the doctor deems necessary. ☐ No ☐

Are there any other problems with your pet that you would like the doctor to examine and discuss with you?

_____

Are there any previous medical problems the doctor should be aware of? _____

My Pet's Vaccines are: Current ☐ Not Current, Please Update ☐

PRE-ANESTHETIC BLOOD TEST AND FLUID CONSENT

PRE-ANESTHETIC BLOOD TEST CONSENT: Before anesthetizing your pet, we will perform a full physical examination, but in order to detect disorders of the liver, kidneys or other organs a pre-anesthetic blood test is recommended.
The Pre-Anesthetic Panel (Six tests with a CBC) for Patients under six years of age is: $41.00
The General Health Profile (Twelve Tests with a CBC) for Patients over six years of age is: $51.00
The Feline Leukemia-Aids Test for Cats is: $35.00

☐ YES, I authorize my pet to have a pre-anesthetic blood screen. Pre-Anesthetic Panel ☐

☐ NO, I decline the pre-anesthetic blood screen. General Health Profile ☐

☐ YES, I want a pre-anesthetic blood screen if the doctor feels this is necessary. Feline Leukemia & Aids Test ☐

INTRAVENOUS FLUID CONSENT: During most anesthetic, dental and surgical procedures, we recommend that an intravenous catheter be placed so that intravenous fluids can be administered during the procedure. The fluids will maintain your pet's hydration as well as the blood pressure and flow to vital organs and allow your pet to recover from the procedure more quickly. The additional cost of the intravenous fluids is $27.50 to $37.50. We require intravenous fluids for some procedures and for some pets.

☐ YES, I authorize my pet to have intravenous fluids during anesthesia

☐ NO, I decline intravenous fluids for my pet.

☐ YES, I want my pet to have intravenous fluids if the doctor feels this is necessary.

ADDITIONAL SERVICES

Nail Trim ☐ Express Anal Sacs ☐ Clean Ears ☐ Bath ☐ Combing Out ☐

Annual Deworming ☐ Topical Treatment for Fleas ☐ Clipping ☐ Type _____

I hereby authorize personnel of Firgrove Veterinary Clinic to administer treatment as is considered therapeutically necessary during the course of the hospitalization. I also consent to the administration of such anesthetics and analgesics as are necessary for the diagnostic, medical or surgical procedures to be performed.

I understand payment for services rendered will be expected in full on discharge.

I request an estimate. No ☐ Yes ☐ (Estimate by _____ Verbal Written Amount _____)

_____ _____

Signature of Owner or Responsible Agent Date

Admitted By: