



Surgery Release – Hospital Admission

(must be completed by owner/responsible party)

Client's Name: _____

Patient's Name: _____

Procedure to be performed: _____

Phone number where I can be reached at all times **TODAY**: _____

Initial: _____ I prefer to receive a courtesy text message after the procedure is completed to update me on my pet.
Please send message to the following number: _____

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Did your pet eat this morning?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is your pet allergic to any drug?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Would you like pain medication to take home?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I would like my pets nails trimmed today for an additional fee of \$5.00

Date and location of last vaccination _____

VACCINATIONS MUST BE CURRENT. Proof of vaccination by a licensed veterinarian must be on file at admission. If vaccinations are not current or proof not provided, the doctor will vaccinate at the current price.

ALL surgical procedures require an IV Catheter and fluids for \$38.00

****IF YOUR PET IS OVER 7 YEARS OLD, BLOODWORK WILL BE REQUIRED****

Based on the doctor's opinion bloodwork may be required and not optional for some pets

Pre-operative Blood Analysis

Physical examinations are performed before administering anesthesia. However an exam alone will not identify possible health problems. Blood testing can detect abnormalities which may increase anesthetic risk.

Therefore bloodwork before anesthesia is **RECOMMENDED**.

- Yes**, I want bloodwork completed for \$51.00.
- No**, I decline the recommended test and understand the risk.

Would you like a Microchip implanted today?

A microchip is a permanent identification method which will aid in reuniting you and your pet if you should ever become separated.

- Yes**, I want a microchip implanted for \$27.00, which includes lifetime registration.
- No**, I decline the microchip implantation.

- I hereby consent and authorize Anderson Animal Clinic and its veterinarians to hospitalize, prescribe for, treat, x-ray, anesthetize or operate on the above listed patient.
- I certify that my pet is free of all external parasites upon signing this release. If parasites, such as fleas or ticks, are found, I understand that my animal will be treated on admission for an additional cost.
- I agree to the proposed general anesthesia, surgery, and/or treatments. I understand that unforeseen conditions may be revealed that necessitate an extension/change in the above procedures.
- I understand that anesthetics and surgery present a risk to my pet's life and I accept that risk. I have been advised as to the nature of the procedure/operation and the risks involved. I realize that results cannot be guaranteed. 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.
- I assume full financial responsibility for all services rendered.

I understand the clinic staff is not on the premises 24-hours a day to attend to a hospitalized patient.

Owner/Owners Agent Signature: _____ Date: _____

Office Use Only					
Dr. _____	VX _____	WB _____	SC/AT _____	AAC Rep: _____	01/13/17 W