

Animal Clinic of West Plains, Inc. - Small Animal Surgical Admission

Client Name: _____ Patient Name: _____ Patient Age: _____ Patient Weight: _____

Phone number(s) where you can be reached **DURING SURGERY:** _____

HISTORY

Are all vaccines current? Yes No **Where were shots given?** _____

Known Health Problems: Coughing Vomiting Itching Diarrhea Limping Scratching Ears
 Bad Breath Lack of Appetite Problems Urinating/Defecating Other _____

Has your pet eaten in the last 12 hours? Yes No

Is your pet on medication/herbal supplements? Garlic / Ginseng / St. John's Wort Heartworm Preventative Other _____

Procedure: Spay Neuter Declaw - 2 Feet Declaw - 4 Feet C-Section Other _____

Please indicate type of anesthesia requested for surgery: Injectable Anesthesia Gas Anesthesia (Add'l Charge)* _____

** (Gas anesthesia is required for surgery on all brachiocephalic dog breeds.)

***Please Note: Any pet weighing more than 35 lbs will be administered an injectable sedative prior to using GAS ANESTHESIA to ensure they are calm while we prep them for surgery (Add'l Charge).**

Please indicate whether surgery will be conducted with the use of the Laser Surgical Device:

Yes, Use the Laser for my Pet's Surgery (Add'l Charge). No, I decline Laser Surgery at this time.

**Please Note: All spays, neuters, & declaws will be done as laser surgery at no additional charge.

Severe health problems can result from tooth infections. Often the only treatment for infected teeth is extracting them. An additional fee would be incurred for any tooth extractions deemed necessary by the veterinarian.

Yes, I authorize tooth extraction(s) as needed. No, Do not extract any teeth.

Procedures/Vaccines Requested: **Discounted prices available for Rabies, DHLPP, & Combo when done with surgery**

Rabies	DHLPP	Bordetella	FVRCP	FIV	Feline Combo	Wellness Exam	Declined Wellness
Deworm	Heartworm Test:	4Dx -- Abaxis	Feline Leukemia/FIV Test	Nail Trim	Fecal Float	Giardia Test	

Pre-surgical screening helps to determine if your pet has any existing conditions which may cause complications during surgery or in post-operative recovery. Please check those you would like to have done prior to surgery:

Surgical Extras

CBC	Prep Profile	Comprehensive Diagnostic Profile	EKG	Cardio Monitor Level	1	2	3
Antech Pre-Op Profile	Pre Pain	Post Pain	Pre/Post Pain	Radiographs			

PLEASE READ AND INITIAL THE FOLLOWING:

_____ For the health of your pet and other animals in the Clinic, if your pet is found to have fleas and/or ticks, it will be treated with a single dose of Frontline Plus or Revolution at your expense (approximate cost - \$16.00).

_____ If your animal soils itself while it is hospitalized, it will be bathed at your expense (approximate cost - \$15.50).

_____ By refusing deworming and vaccinations, I understand that I am putting both myself and my family at risk to numerous zoonotic diseases.

_____ By refusing any/or all pre-surgical screens I realize that I may be accepting unwarranted risk to my pet's life.

_____ I understand that antibiotics may be needed as an unavoidable part of post-surgical treatment.

We will hand walk your dog twice daily if you request. This is done with every precaution, using chain collars, good leather leads, and an educated staff, however there is always some risk taken. We are not responsible if your dog gets loose while outside.

Would you like your dog hand-walked? Yes No

Consent for procedure: I am the owner or agent for the owner of the above described animal and have the authority to execute this consent. I hereby consent and authorize the performance of the following procedure(s) or operation(s). I further consent to the administration of restraint and such anesthesia and administration of drugs and other procedures as may be considered necessary or desirable in the judgment of the attending veterinarian. I also consent to the taking of any photographs, video, television or other audiovisual aids in the course of treatment for the purpose of advancing veterinary medical knowledge. The risks involved in performance of the above described operation(s) and/or procedure(s) have been explained to me in detail and I understand them fully. **I also assume financial responsibility for all charges incurred, and agree to pay all charges at the time of release, unless other arrangements have been made PRIOR to admission to the Clinic and PRIOR to treatment of the above described animal.** Payment is accepted by cash, check, or credit card.

Please Note: While your pet is with us, we are not responsible for any acts of God that may occur.

Owner/Agent Signature _____ **Date** _____ **Tech Initials** _____