



Surgery Release – Hospital Admission Consent Form

(must be completed by owner/responsible party)

Client's Name: _____ Patient's Name: _____

Procedure to be performed: _____

<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	If your pet is getting a dental and needs teeth extractions, may we extract them?

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.

****IF YOUR PET IS OVER 7 YEARS OLD, THE BLOODWORK AND IV FLUIDS WILL BE REQUIRED****

Based on the doctor's opinion bloodwork and IV fluids 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 \$29.00.
- No**, I decline the recommended test and understand the risk.

Intravenous Fluids

IV fluids given during surgery help maintain normal blood pressure while anesthetized and allow all vital organs to receive blood to function properly. Therefore IV fluid during anesthesia is **RECOMMENDED**.

- Yes**, I want fluids completed for \$30.00.
- No**, I decline the recommended fluids and understand the risk.

- 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 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: _____

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

Witness/Anderson Animal Clinic Representative: _____