

SURGERY/SEDATION ADMITTING FORM

CLIENT NAME: _____ **PET NAME:** _____

Last Meal: _____ a.m./p.m. Last Water: _____ a. m./p.m . Checked In By: _____

Has attitude & appetite been normal? YES NO

Any coughing, sneezing, vomiting, or diarrhea? YES NO

I consent & authorize Monroe Animal Health Center to perform the following procedure(s) or operation(s) on my pet:

Procedures requiring anesthesia are always associated with certain amount of risk, whether the patient is a person or a pet. Like you, we want to minimize that risk at much as possible. This requires a physical exam & pre-anesthetic tests. General anesthesia has become safer with the advent of newer drugs & better patient monitoring equipment. Some conditions, however, are not evident on a physical exam. To better ensure your pet's safety during anesthesia, we advise that the following pre-anesthetic tests be performed, even for elective procedures such as spays, castrations, & dewclaws.

Please Initial One:

_____ Pre-anesthetic Panel #1: Recommended for all pets.

\$65.00 Includes liver & kidney enzymes, total protein, glucose & CBC

_____ Pre-anesthetic Panel #2: Recommended for pets with medical problems & pets older than

\$146.50 7 years old. Includes complete chemistry profile, CBC, & urinalysis

_____ **I DECLINE** this pre-anesthetic safety evaluation & do not hold Monroe Animal Health Center responsible if any anesthetic complications arise that might have been detected by these tests.

For our feline patients, we recommend testing for feline leukemia virus & feline immunodeficiency virus. These are two very contagious & potentially deadly diseases.

FeLV/FIV Test \$49.50 ***Please Initial One:*** _____ **ACCEPT** _____ **DECLINE**

POST OPERATIVE PAIN MEDICATION

Our pets do not show pain or complain as loudly as humans. They accept levels of pain that we could not imagine; however, it has been shown that humans have a faster recovery period if their pain is reduced. We believe the same in true for our pets, therefore, we advise that post-operative pain medication be administered.

Post-operative Pain Medication **\$34.50** ***Please Initial One:*** _____ **ACCEPT** _____ **DECLINE**

I understand that any fees quoted are tentative & subject to change depending on each individual case. I understand also that payment is to be made in full. I understand that no guarantee of successful treatment has been made. I certify that I understand this release & furthermore assume full responsibility of all charges accrued.

I hereby authorize the use of such anesthetics as you deem advisable & performances of such surgical diagnostics & therapeutic procedures that you determine are indicated. I also agree to pick up the above mentioned pet when informed that it is ready to be released from hospitalization & to assume full responsibility of all fees. If the pet is removed from the hospital before the veterinarian releases it, I assume full responsibility for any problems that may arise due to the premature release.

Signature: _____ Date: _____

(Signature of legal owner or responsible party)

Home phone: _____

Work/Cell Phone: _____