

## PLEASE READ AND COMPLETE ALL PAGES

Thank you for selecting our hospital for your pet's surgery. In order to facilitate the admission process, please complete both sides of this sheet bring it with you on the morning of surgery.

Have you been to our hospital in the past two years? Yes \_\_\_\_\_ No \_\_\_\_\_ Email Address \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Work \_\_\_\_\_

Cell Phone \_\_\_\_\_

Pet's Name \_\_\_\_\_

Sex \_\_\_\_\_

Age \_\_\_\_\_

Breed \_\_\_\_\_

Does your pet have any medical problems? No \_\_\_\_\_ If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Do you request any other services be performed while your pet is here?

Nail Trim \_\_\_\_\_

yes \_\_\_\_\_ no \_\_\_\_\_

\$10.50 (this is a 50% discount if done while anesthetized)

### FEES FOR RABBITS/RODENTS

Spay	\$227.50	+	\$38.50	+		+	\$35.00	=	\$301.00
Neuter	\$164.00	+	\$38.50	+		+	\$35.00	=	\$238.00

### **Why administer fluids during anesthesia?**

The use of fluids during surgery is an additional means to further decrease the risks associated with general anesthesia. Blood pressure tends to fall slightly during general anesthesia. Administering fluids helps to maintain hydration and blood pressure, thus helping the kidneys and other organs to function normally during surgery. Depending on the size and species of your pet fluids may be administered either subcutaneously or intravenously. Your pet's health and safety are our greatest concerns. Fluids are now part of standard anesthetic protocols for many veterinary hospitals and are required at our hospital. To make an intravenous catheter and fluids or subcutaneous fluids affordable for all of our patients, the fee is \$38.50. This is 70% discount from the normal fee.

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### **PAIN MEDICATION – Consent Form**

Your pet is about to have a major abdominal surgery and will experience some pain after any surgical procedure. Humans are routinely given pain medications to ease their discomfort after surgery. Because animals often do not exhibit easily recognized signs of pain, they have been generally overlooked when it came to pain control. However, recent studies on animals and human babies have shown that post-operative pain medications will reduce the chances of post-operative complications, such as infections and poor healing, even in patients that showed no outward signs of pain.

The general anesthesia provides pain control while the patient is anesthetized but pain sensation returns within minutes of recovery. All patients receive an injection of an analgesic to control pain for the first 4-6 hours after surgery. This medication is safe, non-addicting and as potent as those used for humans. We will also send home oral pain medication on the day of surgery for continued pain control at home. The fee for oral pain medication is \$35.10.

We also offer a "**Pain Control Package**" which includes a short laser treatment to the surgical site (which decreases pain and promotes healing), as well as medication to go home for continued relief for the first few days following surgery. This package for the oral pain medications and the laser treatment is \$45.00 which is a discount of 50%

\_\_\_\_\_ **Yes, I want my pet to receive the laser therapy treatment in addition to pain medication for home.**

**MICROCHIP IDENTIFICATION:** Each year, many pets are lost. Because these pets lack identification (collars and tags are often missing), many are never reunited with their owners. Worse, many are euthanized at animal shelters. To increase the chances that your pet will be reunited with you, we recommend the placement of a microchip. This is a small chip, encased in glass, about the size of a grain of rice, which is inserted under the skin. It is permanent and causes no reaction with the body. The chip number can then be registered with the national registry. In the event that your pet is lost and brought to an animal shelter or veterinary hospital with a microchip scanner, a scan is made, the chip number is recorded and the national registry is called to obtain information on the pet, such as owner's name, phone number and any medical problems. Since this technology became available over ten years ago, thousands of animals' lives have been saved. Insertion of the microchip at the time of surgery will be done for \$66.50 (Note: there is an **additional fee of \$18.00** for lifetime registration paid to the national registry and **we will pay this fee** as a thank you for microchipping your pet today ).

**YES, I want my pet to have a microchip\_\_\_\_\_**      **NO, I do not want my pet to have a microchip\_\_\_\_\_**

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*Please feed your pet as you normally would on the day of surgery. Pets are admitted between 7am and 8am and discharged between 3pm and 6:30pm. If you have questions regarding fees for surgery, vaccines or services, please call.*

I am aware of the above conditions and accept financial responsibility for all charges associated with my pet and understand that payment in full is required at time of discharge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone number where you can be reached this morning (VERY IMPORTANT!) \_\_\_\_\_

## Patient Drop Off Form

Name:		Pet Parent:	
Species:			
Breed:			
Color:			
Birthday:		Home:	
Sex:		Business:	
Weight:		Cell:	
		<u>Client ID #</u>	

ALLERGIES:

DO YOU CONSIDER YOUR PET' TO BE IN GOOD HEALTH? \_\_\_\_\_

BRIEFLY DESCRIBE ANY CONCERNS FOR SURGERY TODAY OR ANY MEDICAL PROBLEMS

\_\_\_\_\_

WHEN DID YOU FIRST NOTE THE PROBLEM: \_\_\_\_\_

APPETITE: NORMAL\_\_\_\_ INCREASED\_\_\_\_ DECREASED\_\_\_\_

WATER INTAKE: NORMAL\_\_\_\_ INCREASED\_\_\_\_ DECREASED\_\_\_\_

ANY VOMITING OR DIARRHEA?\_\_\_\_\_ If yes, describe the frequency, color and content:

\_\_\_\_\_

IS YOUR PET ACTIVE AND ALERT? \_\_\_\_\_

ANY CHANGES IN: WEIGHT? \_\_\_\_\_

CHANGES IN B.M.'s OR URINATION \_\_\_\_\_

IF YES, WHAT CHANGES HAVE YOU NOTICED? \_\_\_\_\_

IS YOUR PET CURRENTLY ON ANY MEDICATION / TREATMENT FOR ANY OTHER PROBLEMS?

\_\_\_\_\_

IS YOUR PET ALLERGIC TO ANY MEDICATIONS? \_\_\_\_\_

IS THERE ANYTHING ELSE THAT YOU WOULD LIKE US TO KNOW PRIOR TO SURGERY:

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_