

Loving Touch Animal Center
SURGERY ADMITTANCE FORM

Date: _____
Owner: _____
Patient: _____
Species: Dog Cat Other _____
Breed: _____
Color/Markings: _____
Sex: Male Female
Spayed or Neutered? Yes No
Age: _____
Home/Work Phone: _____
Cell: _____

Procedure To Be Performed:

Spay Neuter Prolotherapy Mass Removal Dental

Other: _____

During a dental procedure the surgeon may find that your pet needs teeth extracted, may we proceed to extract teeth as needed? Yes No

Did your pet have anything to eat or drink since midnight last night? Yes No
If so what did they eat/drink and when? _____

Is your pet on any medications or supplements? Yes No
If yes, please list: _____

Is your pet on heartworm preventive? Yes No If yes, date last given: _____

Is your pet allergic to any drugs? Yes No
If yes, which drugs? _____

Has your pet had any illness or injury in the past 30 days? Yes No
If yes, please explain: _____

Does your pet have any history of seizures? Yes No
If yes, please explain: _____

Does your pet have any history of problems with anesthesia? Yes No
If yes, please explain: _____

Continued on the next page...

Elective Procedures to Be Done At the Same Time: AT AN ADDITIONAL COST

() Ear Cleaning () Express Anal Glands () Routine Toe Nail Trim

() Remove Warts/Skin Growths. List Location(s): _____

() Other _____

Because we believe that pain control is a vital part of your pet’s recovery, our surgeons will administer medication at an additional price if your pet is exhibiting symptoms of distress.

To reduce the chances of post surgical infection, your pet will be SHAVED for the surgical procedure upon admittance, please let the receptionist know if there are any problems with this.

Owner Authorization & Release:

I understand all that all anesthetic and surgical episodes expose my pet to potential risks and complications.

Blood Screening for disease and organ dysfunction is a routine procedure in veterinary medicine. Chemical analysis of a blood sample gives the most complete evaluation of the overall body condition. In the early stages of disease, many subtle changes occur in the blood composition that can give us hints of future problems before they become serious. More importantly, chemical analysis of the blood allows your pet’s surgeon to assess blood clotting function and detect possible dysfunction of the kidneys and liver-organs that are vital to proper elimination of anesthetic and pain relieving agents. Dysfunction of these organs can make your pet a poor candidate for anesthesia and surgery. Therefore Loving Touch Animal Center surgeons require a Pre-surgical Blood Screen be done on all dogs and cats of any age.

I understand that anesthesia and surgery always involves some risk to my pet (such as, but not limited to unknown internal physical abnormalities, allergies to medications, adverse reaction to anesthesia, surgical complications, internal bleeding, shock, incision dehiscence, post-surgical infections and death): and agree to hold Loving Touch Animal Center harmless, in the absence of negligence, in connection with these procedures. I acknowledge that no guarantee or assurance has been made to me as to the results that may be obtained. In the event complications arise and I cannot be immediately contacted at the below listed phone number, you are directed to make the decision you deem best for my pet. I agree to pay for all services rendered.

INITIAL HERE _____

It is required to have a pre-surgical blood screening test performed at an additional cost.

INITIAL HERE _____

When doing surgical procedures time is of the essence, and for the health of your pet we must be able to reach you in a timely fashion. Please understand that if we are unable to reach you in a timely fashion we reserve the right to determine the best treatment for your pet and pursue that treatment.

INITIAL HERE _____

I understand that my pet will be ready for pick-up between 4:30 pm and 5:00 p.m. unless otherwise notified by the doctor.

INITIAL HERE _____

I have read the foregoing, understand what it says and agree.

Signature of owner/agent _____

Date: _____

Best telephone number to reach you today: _____

Is there a time(s) when you will not be available to be reached by phone today? () Yes () No

If yes, please list: _____