

Anesthesia Admitting Form

Technician _____

Surgery Date: _____ **Pet(s):** _____ **Date:** _____

Procedure: Laser Spay _____

Laser Neuter _____ (Routine _____ Scrotal Ablation _____ Cryptorchid _____)

Hernia _____ (Umbilical _____ Inguinal _____)

Retained Teeth _____

Ear Crop _____

Laser Growth Removal # _____ Location(s) _____ Other _____

Laser surgery provides advanced care for your pet by allowing for more rapid recovery and fewer post-operative complications

Pathology: For growth removals and aspirates, we recommend that the samples be sent to an outside lab for evaluation by a pathologist. This helps to determine the type of growth and the recommended course of treatment. Pathology can also help determine if wide margins were achieved.

_____ Yes, I want pathology _____ No, I **decline** pathology

Cat Declaw: Front Only _____ Rear Only _____ All 4 Paws _____ *Pain medication is required for all declaws

For Females: Is your pet currently in heat? Yes _____ No _____ Last know heat cycle _____

Are Required Vaccinations Current? Yes _____ No _____ (Dogs: Dhlppv, Bordetella, Rabies; Cats: FVRCP, Felv, Rabies)

*If done elsewhere, provide documentation or hospital name _____

Patient Information:

Yes No

_____ Did your pet eat or drink this morning? When was the last feeding time? _____

_____ Has your pet had any vomiting, diarrhea, or coughing within the past 7 days?

_____ Has your pet ever had seizures? If yes, when was the last one? _____

_____ Is your pet allergic to any medications, anesthetics or vaccines? If yes, please list: _____

_____ Is your pet presently on any medication(s) including aspirin? If yes, please list: _____

IV Safety: Intravenous catheter and fluids are the standard of care for all human anesthetic procedures and is advised in our pets to increase safety, protect vital organs and speed anesthetic recovery. For sterility, hair will be shaved over a vein on the leg so that an intravenous catheter (IV) can be placed. Aged and ill pets will be required. The cost is **\$75.00**

_____ I authorize the above IV safety (may be required on some patients)

_____ I do **NOT** authorize the above IV safety

Anesthetic Safety: Before your pet is anesthetized, the doctors recommend pre-anesthetic screening to help identify potential underlying health issues that may influence the anesthetic protocol. Blood screening also establishes a baseline of values in case future medical conditions should arise. Aged and ill pets will be required.

_____ Profile 1 **\$107.00** Recommended for healthy pets 6 years of age or younger. Pre-anesthetic with CBC. Includes all tests in profile 1 plus a complete blood count (assess anemia, infection and clotting).

_____ Profile 2 **\$142.00** Recommended for healthy pets 6 years or older or those with a questionable health status. General health profile includes all tests in profile 1 & 2, plus ALB (Protein), Amylase (Pancreas), Bilirubin (Liver), Phosphorus (Kidney) and Cholesterol.

_____ I am **DECLINING** and request that you proceed with anesthesia. I fully understand that anesthesia and surgery can always carry a potential risk.

Pain Medication: Pain medication is recommended before, during and after surgical procedures. Many of our routinely performed procedures include the initial dosage of pain medication in the cost of surgery. However, we also recommend pain medications to be given to your pet while recovering at home.

_____ Yes, I am interested in pain control at home. *Pain medication is required for all declaws

_____ No, I decline pain medications to go home.

E-collar: If your pet is inclined to lick their incision they will need an e-collar placed. If you would like an e-collar, please indicate below.

Yes_____ No_____

Microchip: I would like microchipping performed on my pet while under anesthesia. We use the Home Again pet identification and retrieval system. Additional cost of **\$76** and that includes the national enrollment fee.

Yes, I accept _____ No, I **decline** _____

Phone # to be reached at today: _____ **Estimated surgery cost:** _____

Signature: _____