

GENTLE CARE ANIMAL HOSPITAL

SURGICAL ADMISSION FORM

Owner's name _____ Pet's name _____

Pet's age _____ Does pet seem healthy? _____

Please inform us of ANY information that may have changed since your last visit

Sometimes it is necessary to clarify treatment options with owners after the pet has been admitted to the hospital. This is especially important if something unforeseen is discovered. We MUST have a way to contact you.

Phone number you can be REACHED TODAY _____

Alternate contact (name, relationship and phone number) _____

Please circle the type of surgical procedure you are requesting today:

Spay(female) Neuter(male) Declaw Mass Removal Dental

There will be an additional charge for females "in heat" or pregnant.

There will be an additional charge for any pet that is over 70 pounds or obese.

Please circle any other procedures you are requesting today and ask your technician for the cost of each.

(Your pet's ears will be checked/cleaned, and nails will be trimmed while under anesthesia at no charge to you.)

Anal sac expression Microchip Other: _____

Please list all medications your pet is currently taking below. If they are currently on medications, did you bring it with you? _____

DRUG _____	TIMES PER DAY _____	LAST GIVEN _____
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VACCINES

All patients MUST be current on routine vaccines (Distemper and Rabies). Patients must also have had a negative fecal (or proof thereof) within the last year and all dogs MUST have a negative heartworm test within the past year and have proof of current heartworm preventative administration. We will not anesthetize a dog without awareness of their heartworm status. Proof of vaccines is required for the health and safety of all pets in the hospital and our staff as well. If you are unable to provide written proof of current vaccinations and a negative fecal and heartworm test, your pet WILL receive boosters, have a stool sample checked or heartworm test performed at your expense while they are here. For your convenience, we can update vaccines or do any test that will be due in the next three (3) months if you would like.

Please sign here if you require/request updated vaccines _____

PRE-ANESTHETIC TESTING

Anesthesia is much safer than it was even 15 years ago, but it is never without risk. This hospital uses the latest in technology in anesthetic machines to improve the safety for your pet. The use of pre-anesthetic tests and monitors (before and during anesthesia) can greatly reduce the risk of unknown complications. For patients 6 years and older, their use is imperative and **required** by our hospital.

Pre-anesthetic Bloodwork checks kidney values, liver values, blood glucose levels, red and white blood cell counts and status of clotting factors. **THERE IS AN ADDITIONAL CHARGE FOR THESE TESTS.**

Yes, I authorize Pre-anesthetic Bloodwork (please sign) _____

No, I decline Pre-anesthetic Bloodwork (please sign) _____

Electrocardiogram (ECG/EKG) checks the electrical activity of the heart for normal/abnormal rate and rhythm. It can detect problems before and during anesthesia. **THERE IS AN ADDITIONAL CHARGE FOR THIS TEST.**

Yes, I authorize an electrocardiogram (please sign) _____

No, I decline an electrocardiogram (please sign) _____

PLEASE FILL OUT BACK PAGE OF THIS FORM AS WELL

SURGICAL OPTIONS

IV Fluids

Fluid administration is very strongly recommended in patients over 6 years of age. **THERE IS AN ADDITIONAL CHARGE FOR THIS.**

Yes, I authorize IV Catheter Placement with fluid therapy (please sign) _____

No, I decline IV Catheter Placement with fluid therapy (please sign) _____

Surgical CO₂ Laser

The Surgical CO₂ Laser is used to actually make the incision for surgery instead of a scalpel blade. This method decreases pain, bleeding, swelling and risk of infection. It is VERY highly recommended for mass removals. **THERE IS AN ADDITIONAL CHARGE FOR THIS.**

Yes, I authorize use of the Surgical CO₂ Laser (please sign) _____

No, I decline use of the Surgical CO₂ Laser (please sign) _____

Companion Therapy Laser

The Companion Therapy Laser has been approved by the FDA and allows relief of pain through the release of endorphins and stimulates injured cells to heal at a faster rate without any dangerous side effects.

Unfortunately, it cannot be used if cancer is suspected. **THERE IS AN ADDITIONAL CHARGE FOR THIS.**

Yes, I authorize use of the Companion Therapy Laser (please sign) _____

No, I decline use of the Companion Therapy Laser (please sign) _____

Fleas and Ticks

Animals found to have fleas or ticks WILL BE treated IMMEDIATELY at your expense.

Elizabethan Collar

An Elizabethan collar ("cone" as it is commonly called) is recommended for all surgeries that have suture material. This is used to prevent the pet from licking or irritating the surgical site and causing any complications. **THERE IS AN ADDITIONAL CHARGE FOR THIS.**

Yes, I want an Elizabethan collar for my pet (please sign) _____

No, I do not want an Elizabethan collar for my pet (please sign) _____

Owner Signature _____ Date: _____

TO BE COMPLETED BY GENTLE CARE STAFF ONLY

Confirm with owner: Fecal _____ **Histopath** if mass removal _____

Vaccines: Current _____ Update early _____ FLV/FIV test _____ Heartworm test _____

Check sex if neutering: Male _____ Two testicles descended _____ Female _____ In heat/pregnant _____

Check teeth/age _____ Deciduous extraction _____ Has pet been fasted overnight _____

Has the pet been eating and drinking normally lately _____ Is the pet allergic to any medications _____

Has the pet ever had trouble waking up from anesthesia _____ Any problems lately _____

Has the pet ever had a seizure for any reason _____ Any special instructions or requests _____

Discussed call times: After 4:00PM the same day and after 9:00AM the next day, after noon for declaws _____

Discussed typical discharge times:

Between 10:00AM and 6:00PM the following day for spay and neuter _____

Between 2:00PM and 6:00PM the following day for declaw _____

Between 5:30PM and 6:00PM the same day for dental/mass removal unless pet is
unable to walk on it's own _____

CONFIRM number that owner can be reached today _____ Owner has been given written estimate _____

Procedure(s) to be done _____