

Surgical Admittance Form

Owner's Information

First Name: _____ Last Name: _____ Spouse: _____
Address: _____ City: _____ State: _____ Zip: _____
Driver's License Number: _____ E-mail: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

Pet's Information

Name: _____ Species: Dog / Cat / Avian / Other _____ Est DOB/Age: _____
Sex: M / F Spayed or Neutered: Y / N Breed: _____ Color: _____

Is your Pet currently on any other pain medications, such as arthritis treatments? Y / N

If you answered yes to the question above, please indicate drug name, dose, and when last administered.

What procedure(s) is(are) being performed today: _____

We would like permission to use your pets picture on our Facebook Page. Y / N initials _____

Pre-Anesthetic Bloodwork is highly recommended for all pets to determine the pet's level of health prior to surgery. **It is REQUIRED for pets over 6 years of age.** The cost for the bloodwork will be an additional \$46.50. Would you like us to perform pre-anesthetic bloodwork? Y / N initial _____

If your pet has not been seen recently for the purpose of their surgery, or if you would like us to examine your pet, a presurgical examination will be performed. This is an additional \$25.75. Please initial that you have been made aware of this policy. _____

If your pet has fleas or ticks, they will be treated appropriately and an additional \$15.00 fee will be added to your invoice. Please initial that you have been made aware of this policy. _____

Does your pet need anything else today? Appropriate charges will be added to your invoice for the procedures you select:

Vaccinations? ___ Distemper/Parvo (1 or 3 year) ___ Rabies (1 or 3 year) ___ Bordetella ___ Feline Upper Resp. (1 or 3 year)
___ Pedicure ___ Fecal Test ___ Heartworm Test ___ Microchip implantation ___ Other: _____

Like you, our greatest concern is the well being of your pet. **The anesthetics used today are very safe; however anytime an animal is anesthetized there is a chance of adverse reaction.** Best Friends Veterinary Hospital is to use all reasonable precautions against injury, escape, or destruction of the animal(s), but the Veterinary Hospital will not be held responsible in any manner, or under any circumstances, on account of the care, treatment or safe keeping of the animal(s) listed above or otherwise in connection. Payment is due at the time of discharge.

I understand the procedure to be done and understand the risks that are involved. I hereby consent and authorize the veterinarians and staff at Best Friends Veterinary Hospital to perform the procedures listed above.

Signature: _____ Date: _____

We consider pain medication to be an important part of any surgical procedure. Controlling post-operative pain improves your pet's recovery, aids in healing by reducing inflammation, and makes your pet more comfortable during the first few days at home. We use Carprofen, Metacam, or Onsior, three NSAIDS (non-steroidal anti-inflammatory drugs) similar to the pain relievers used in people, at the recommended dosages for dogs and cats. Onsior is the only NSAID currently labeled for cats, and Carprofen and Metacam are currently labeled for dogs only. This makes the use of Carprofen and Metacam in cats, birds, or exotic pets "Extra-label." This does not mean the drugs are dangerous in these pets, just that these animals were not specifically used during testing prior to drug approval. We know a lot about the dose recommendations and potential side effects in these species from other studies. As with any medication, unexpected side effects can occur. Please stop medications and call our office if your pet shows any of the following signs: vomiting/diarrhea, decreased appetite, facial swelling, hives, or red itchy skin.

Please indicate whether you agree to the use of pain medications in your pet. Y / N Initial _____