



Your Pet * Our Team * One Family

Procedure / Surgery Admission Form

Reason for Visit: _____

Owner: _____ Pet Name: _____

Preferred Method of Contact (Please circle): Call or Text Phone Numbers- Daytime: _____ Evening: _____

In case of emergency whom else can we contact? _____ Phone: _____

Admission Requirements:

- All animals must be FREE of fleas... All animals must be current on their vaccines... We will make every attempt to contact you while your pet is in the hospital... You will be financially responsible for full payment of service upon discharge. INITIAL: []

Anesthesia Admission (if applicable):

I.V Catheter and Intravenous Fluids: When pets are under anesthesia, the safest way to maintain their blood pressure and the quickest way for us to administer medications is to have an intravenous (I.V) catheter in the vein prior to and during anesthesia.

Pre-Anesthetic Blood Testing:

Disorders of the kidneys, liver, or blood CANNOT be detected on physical exam only. Abnormalities of these systems can increase the risk of anesthesia for your pet.

The screen includes a complete blood count, blood chemistries, and electrolytes for \$60.00

I would like the blood screen (Please initial):

YES [] NO []

Emergencies:

I understand that in the event of an emergency, Magazine Street Animal Clinic will try to contact the owner/agent responsible for making decisions. However if unreachable, the staff DOES [] or DOES NOT [] have my permission to make any life-saving decisions required and I agree to be financially responsible for them.

I state that I am 18 years or older and have the authority to make the above decisions regarding this pet. I grant Magazine Street Animal Clinic permission to post my pet's picture, story and medical information on social media.

Furthermore, I understand that during the performance of the procedure(s) that I have authorized, unforeseen conditions may arise. Therefore, I hereby consent to and authorize the performance of such procedures as are necessary in the exercise of the veterinarian's professional judgment.

X _____ Date: _____ Signature of Owner/Agent