



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. If fleas are found, we will administer an appropriate flea product at the owner's expense. (If you have a preference of product, please let us know.)
All animals must be current on their vaccines. Delay of vaccine administration for medical reasons may be allowed if arrangements are made.
We will make every attempt to contact you while your pet is in the hospital. However, if you cannot be reached immediately when a decision must be made for the care of your pet you authorize us to perform services (i.e.: dental extractions) needed up to (please circle) : NONE \$200 \$400 \$_____
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. A small amount of hair will be clipped on the foreleg to facilitate catheter administration. The I.V. catheter and fluid is not optional for the safety of our patients undergoing any surgical or dental procedure involving 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. Periodic testing also allows us a baseline of how your pet's internal organs are functioning for later comparison if needed. A blood screen can be performed prior to anesthesia in our hospital, and is not optional for patients over 7 years of age.

The screen includes a complete blood count, blood chemistries, and electrolytes for \$70.00

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. (Please initial in box.)

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. I am also financially responsible for services rendered due at the time for discharge. I have also been given a price quote if requested.

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. I also do hereby acknowledge that I understand that there are no guarantees either expressed or implied that the procedures authorized will be without complications for unexpected events beyond the veterinarians and hospital's control.

X _____ Date: _____

Signature of Owner/Agent