

Tender Touch Animal Hospital
Surgical Admission Form

Date: _____

Client Name: _____

Sales Pet Name: _____

Please leave the best number to reach you at and name an alternate authorized person that can make health decisions for your pet today in the event that we cannot reach you. Phone Number to contact you at today: _____

Alternate Person _____ Phone number: _____

Procedure(s) Elected to be performed today: _____

I authorize extractions of retained deciduous (baby) teeth as indicated _____ initials

I authorize dental extractions as indicated by the doctor's exam and x-ray findings. An estimate will be provided. _____ initials

*An Elizabethan collar (cone) will be necessary to send home today at your expense (cost: \$11.10-\$24.50) unless you can bring one with you at the time your pet is discharged. Initial _____

*All cats / kittens must arrive and leave Tender Touch Animal Hospital in a pet carrier. If you do not have a pet carrier we will provide you with one at a cost to you of \$6.10. Initial _____

*If evidence of fleas is found, your pet will be treated with a 30 minute flea kill product and additional 30 day prevention at a cost of \$30-\$40 per treatment dependent on size. Initial _____

*Deworming is strongly advised when fleas are present, we will treat as necessary at a cost of \$23-\$30 dependent on size. Initial _____

*Vaccinations are required for all pets who are not currently protected. Initial _____

Vaccines required: FVRCP \$27.50 Rabies \$25 FeLV(per lifestyle) \$29

Anesthetic Precautions and Additional Procedures

We require a physical exam of your pet prior to anesthesia. However some conditions, including liver and kidney disorders, are not detectable without blood tests. I understand there are special risks associated with anesthesia, especially in an older pet, and the doctor strongly recommends the following tests and procedures to minimize those risks for my pet.

I Accept The Following Tests:

Pre-Anesthetic Screen: This blood test detects major organ and blood clotting abnormalities, which may complicate the anesthetic and surgical procedure(s). (Mandatory for pets over 7 years old)

Cost: \$139.00 I accept this procedure (Initial) _____ I decline this procedure (Initial) _____

Blood Pressure: This test can reveal any evidence of hypertension, which may complicate the anesthetic procedure. (Mandatory for pets over 7 years old)

Cost: \$33 I accept this procedure (Initial) _____ I decline this procedure (Initial) _____

ProBNP Heart Test: This test can detect underlying heart muscle disease that could be contraindicated for anesthesia.

Cost: \$57.15 I accept this procedure (Initial) _____ I decline this procedure (Initial) _____

FeLV-FIV screen: This blood test will screen for underlying viruses that compromise the immune system and may affect the outcome of surgery.

Cost: \$87.65 I accept this procedure (Initial) _____ I decline this procedure (Initial) _____

K-Laser Therapy: This procedure provides natural pain management, decreased inflammation and faster healing for your pet.

Cost: \$45.00 for 1 treatment, \$115.00 for 3 or \$200.00 for 6 treatments.

I accept _____ (1) _____ (3) _____ (6) I decline this procedure (Initial) _____

Ova & Parasite with Giardia: A stool sample is collected and submitted to a laboratory for detection of intestinal parasites. Test results will be reported to you in 48 hours.

Cost: \$62.35 I accept this procedure (Initial) _____ I decline this procedure (Initial) _____

Microchip: Permanent identification for your pet.

Cost: \$45.50 (this fee includes registration for one year)

I accept this procedure (Initial) _____ I decline this procedure (Initial) _____

Pear Tree Paw Print: This is a handmade impression that has been hand painted, personalized, glazed, and kiln fired that's as unique as a fingerprint.

I accept this procedure (Initial) _____ I decline this procedure (Initial) _____

Color option _____ Upgrades _____ Requests _____

Cost: \$92.00

IF ANY HEALTH PROBLEMS ARE FOUND, FURTHER COST MAY BE INCURRED-YOU WILL BE CONTACTED. _____ initials

Authorization for Treatment of Cardiopulmonary Arrest:

_____ (initial) "DNR" - Do Not Resuscitate. No resuscitative effort to be performed.

_____ (initial) CPR - Medical resuscitative efforts include airway support, ventilation, thoracic compressions, and drug therapy if indicated. \$175.00-250.00

I understand that during the performance of the forgoing procedure(s) unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure(s) than those set forth above. Therefore, I hereby consent to and authorize the performance of such actions as necessary and desirable in the exercise of the veterinarian's professional judgement. I also authorize the use of appropriate anesthetics and other medications, and I understand that hospital support personnel will be employed as deemed necessary by the veterinarian. I have been advised as to the nature of the procedure(s) and the risk involved. I realize the results cannot be guaranteed.

Owner Signature _____

Date _____

Employee Initials _____