

# VESTAL VETERINARY HOSPITAL



## SURGICAL STERILIZATION ADMISSION FORM

NAME \_\_\_\_\_ PET \_\_\_\_\_ DATE \_\_\_\_\_

PROCEDURE(S) \_\_\_\_\_

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Has your pet eaten this morning? yes / no When? \_\_\_\_\_

Is your pet on medication and if so, what? yes / no \_\_\_\_\_

Did your pet get its medication this morning? yes / no / n/a

How is your pet doing this morning? fine / sick (explain) \_\_\_\_\_

Do you have any questions concerning your pet's hospitalization/surgery? \_\_\_\_\_

Did you receive an estimate? yes / no

Would you like your pet microchipped today? yes / no

### **PLEASE READ AND INITIAL EACH LINE, THEN SIGN BELOW:**

\_\_\_\_\_ Like you, our greatest concern is the well-being of your pet. Before putting your pet under anesthesia, we will perform a full physical examination. However, many conditions, including disorders of the liver, kidneys, or blood, are not detected unless some testing is performed. I have received information about this preoperative testing and acknowledge that I understand that it will be performed.

\_\_\_\_\_ I have received information regarding pain management during the peri-operative period and any questions have been addressed.

\_\_\_\_\_ The nature of the operation and the possibility of complications have been explained to me by the veterinarian. In the event that any unforeseen condition arises in the course of the procedure, I request and authorize the doctors to do whatever they deem advisable in the event that I, or another responsible adult, cannot be reached.

\_\_\_\_\_ I acknowledge that no guarantee or assurance has been made as to the results that may be obtained. I agree to assume financial responsibility for full payment of the charges incurred during this admission, said charges to be paid in full at the time of discharge unless other arrangements have been made in advance.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone (where a responsible adult can be reached)

#### Office use:

- Address and phone number checked
- Current on preventative health care
- Owner advised when to call for progress, discharge