

# EL DORADO ANIMAL HOSPITAL

3500 NORTH JEFFERSON • EL DORADO AR 71730 • 870.863.4194

## SURGERY/SEDATION ADMITTING FORM

CLIENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PET NAME: \_\_\_\_\_ SPECIES: \_\_\_\_\_ SEX: \_\_\_\_\_ BREED: \_\_\_\_\_

Last Meal: \_\_\_\_\_ Checked In By: \_\_\_\_\_

Has attitude & appetite been normal? YES NO Any coughing, sneezing, vomiting, or diarrhea? YES NO

I consent & authorize EL DORADO ANIMAL HOSPITAL to perform the following procedure(s) or operation(s) on my pet:

\_\_\_\_\_

◇ Procedures requiring anesthesia are always associated with certain amount of risk, whether the patient is a person or a pet. Like you, we want to minimize that risk at much as possible. This requires a physical exam & pre-anesthetic tests. General anesthesia has become safer with the advent of newer drugs & better patient monitoring equipment. Some conditions, however, are not evident on a physical exam. To better ensure your pet's safety during anesthesia, we advise that the following pre-anesthetic tests be performed, even for elective procedures such as spays, castrations, & dewclaws.

**INITIAL ONE:**

\_\_\_\_\_ Routine Pre-Anesthetic Panel (\$80): Recommended for all pets. Includes liver & kidney enzymes, total protein, glucose & CBC

\_\_\_\_\_ Senior Patient Pre-Anesthetic Panel (\$120): Recommended for pets with medical problems & pets older than 7 years old. Includes complete diagnostic profile & CBC.

\_\_\_\_\_ I DECLINE this pre-anesthetic safety evaluation & do not hold EL DORADO ANIMAL HOSPITAL responsible if any anesthetic complications arise that might have been detected by these tests.

◇ We also offer microchips (\$45.00) for your animal that can be used to properly I.D. your pet if they become lost or stolen. \*\*This is NOT GPS Tracking\*\*

**INITIAL ONE:** I ACCEPT MICROCHIPPING \_\_\_\_\_ I DECLINE MICROCHIPPING \_\_\_\_\_

◇ For our feline patients, we recommend testing for feline leukemia virus & feline immunodeficiency virus. These are two very contagious & potentially deadly diseases. (\$35.25)

**INITIAL ONE:** I ACCEPT FIV/FELV TESTING \_\_\_\_\_ I DECLINE TESTING \_\_\_\_\_

I understand that any fees quoted are tentative & subject to change depending on each individual case. I understand also that payment is to be made in full. I understand that no guarantee of successful treatment has been made. I certify that I understand this release & furthermore assume full responsibility of all charges accrued. I hereby authorize the use of such anesthetics as you deem advisable & performances of such surgical diagnostics & therapeutic procedures that you determine are indicated. I also agree to pick up the above-mentioned pet when informed that it is ready to be released from hospitalization & to assume full responsibility of all fees. If the pet is removed from the hospital before the veterinarian releases it, I assume full responsibility for any problems that may arise due to the premature release.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Signature of legal owner or responsible party) Cell Phone: \_\_\_\_\_